



- Office of Student Life
 - Campus Ministries
 - Host Family Program
 - Parents Association

Meningitis Vaccination Record/Waiver Form

Name: _____

Student ID#: _____ Date of Birth: ___ / ___ / ___

Campus Address: _____

Cell phone # _____ Home phone # _____

Email address: _____

Harvey County Health Department (or other) administered my vaccine on (date) ___ / ___ / ___.

I have received the vaccine. **Proof of vaccination must be attached.**

Type of vaccine given _____

Date vaccine given _____

Provider name _____

Phone # _____

Provider address/city/state/zip _____

I have chosen not to be vaccinated against meningitis. I have read the attached information on Meningococcal Vaccines. I am aware of the availability of the vaccine, and that I am at increased risk of getting the disease.

Student's signature

Date

If student is under the age of eighteen (18), signature of parent or legal guardian:

Parent/Guardian's signature

Date

This form will be kept on file as part of the student's records in the Student Life Office and is valid until five years from the signed date above, or may be changed with submission of new documentation.

