

UMBC University Health Services Meningitis Waiver Form

Affix Label or Print Name Here:

The Maryland State Legislature enacted a law which requires all students living in on-campus housing to show proof of having had the meningitis vaccine or to sign a waiver that (s)he is aware that the vaccine is available, knows it benefits and has elected not to have the vaccination. This law went into effect June 1, 2000.

I am waiving the Meningitis Vaccine:

I have included a vaccine/immunization record with this form:

Waiver

Individuals 18 years of age and older may sign a written waiver choosing not to be vaccinated against meningococcal disease. For individuals under 18 years of age, your parent / guardian must review the information on the risks of meningococcal disease and sign below that (s)he has chosen not to have the student vaccinated against meningococcal disease.

For individuals 18 years of age or older:

I am 18 years or older. I have received and reviewed the information on the risk of meningococcal disease and the effectiveness and availability of the meningococcal vaccine. I understand that meningococcal disease is a rare, but life threatening illness. I understand that Maryland law requires that an individual enrolled in an institution of higher education in Maryland who resides in on-campus student housing shall receive vaccination against meningococcal disease unless the individual signs this waiver to the vaccination.

I choose to waive receipt of the meningitis vaccination.

Signature of Individual 18 years or older

Date

For individuals under the age of 18:

I have received and reviewed the information on the risk of meningococcal disease and the effectiveness and availability of the meningococcal vaccine. I understand that meningococcal disease is a rare, but life threatening illness. I understand that Maryland law requires that an individual enrolled in an institution of higher education in Maryland who resides in on-campus student housing shall receive vaccination against meningococcal disease unless a waiver to the vaccination is signed.

I choose to waive receipt of meningococcal vaccine for my child.

Signature of Parent / Guardian if Student is under 18 years of Age

Date

**Please call University Health Services at 410-455-2542
if you have any questions about the meningitis vaccine or this requirement.**