



WAIVER FOR MENINGOCOCCAL IMMUNIZATION

Student Health Services University of Scranton Scranton, PA 18510-4507
Telephone (570) 941-6442 Fax (570) 941-4298

For students 18 years of age or older:

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

I choose to waive receipt of meningococcal vaccine for religious or other reasons.

Name (Printed)

Social Security Number

Signature of Student

Date

Signature of Parent (if student is under age of 18)

Date