

MENINGOCOCCAL VACCINATION REQUIREMENT

REQUIREMENT MUST BE MET BEFORE THE START OF SCHOOL

FILL OUT SECTIONS 1 AND 2 **OR** SECTIONS 1 AND 3

SECTION 1

STUDENT NAME _____ SSN _____

SECTION 2

To be completed by a health care provider: (Documentation from a physician showing receipt of vaccine or copy of immunization record is also acceptable)

The above-named student received meningococcal vaccine on _____

Health Care Provider Name _____ Phone _____

Address _____

Street

City

State

Zip

Signature of Provider _____ Date _____

SECTION 3

VACCINE WAIVER: to be completed by the individual (or parent/guardian for individuals less than 18 years of age) requesting an exemption from the requirement.

SECTION 3A: For individuals 18 years of age or older:

I am 18 years of age or older. I have received and read the information in the brochure provided by Northeast Community College explaining the risks of meningococcal disease and am aware of the effectiveness and availability of the vaccine. I am aware that meningococcal disease is a rare, but life-threatening illness. I understand that Northeast Community College policy requires that freshmen residing in on-campus housing for the first time be vaccinated against meningococcal disease. With this waiver, I seek exemption from this requirement. I voluntarily agree to release, discharge, indemnify, and hold harmless Northeast Community College, its officers, employees, and agents from any and all costs, liabilities, expenses, claims, or causes of action on account of any loss or personal injury that might result from my decision not to be immunized against meningococcal disease.

NAME OF STUDENT _____ SIGNATURE OF STUDENT _____

DATE _____

PARENTAL ACKNOWLEDGMENT I have received and read the information in the brochure provided by Northeast Community College and am aware of the decision of the above-named student regarding vaccination against meningococcal disease.

NAME OF PARENT/GUARDIAN _____ SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

SECTION 3B: For individuals under 18 years of age:

I am the parent/guardian of _____. I have received and read the information in the brochure from Northeast Community College about meningococcal disease and am aware of the effectiveness and availability of the vaccine at the _____. I acknowledge that the disease is rare, but life-threatening. I understand that Northeast Community College policy requires that freshmen residing in on-campus housing for the first time be vaccinated against meningococcal disease. I voluntarily agree to release, discharge, indemnify, and hold harmless Northeast Community College, its officers, employees, and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my decision not to have the above-named individual immunized against meningitis.

NAME OF PARENT/GUARDIAN _____ SIGNATURE OF PARENT/GUARDIAN _____

DATE _____