

# NORTHWEST MISSOURI STATE UNIVERSITY

## UNIVERSITY WELLNESS CENTER

### MENINGOCOCCAL VACCINATION REQUIREMENT

**NOTE: STUDENTS MAY NOT MOVE IN TO RESIDENCE HALL UNTIL  
REQUIREMENT IS COMPLETED**

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 number \_\_\_\_\_

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 Northwest Missouri State University explaining the risks of meningococcal disease and am aware of the effectiveness and availability of the vaccine at the University Health Center. I am aware that meningococcal disease is a rare, but life- threatening illness. I understand that Northwest policy requires that students residing in on-campus housing be vaccinated against meningococcal disease or sign a waiver. I voluntarily agree to release, discharge, indemnify and hold harmless Northwest Missouri State University, 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 \_\_\_\_\_ Date \_\_\_\_\_

Signature of student \_\_\_\_\_

**PARENTAL ACKNOWLEDGMENT** I have received and read the information in the brochure provided by Northwest Missouri State University and am aware of the decision of the above-named student regarding vaccination against meningococcal disease.

Name of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

##### 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 the University about meningococcal disease and am aware of the effectiveness and availability of the vaccine at the University Health Center. I acknowledge that the disease is rare but life- threatening. I understand that Northwest policy requires that students residing in on-campus housing be vaccinated against meningococcal disease. I voluntarily agree to release, discharge, indemnify and hold harmless Northwest Missouri State University, 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 \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_