



### MENINGITIS IMMUNIZATION WAIVER FORM

UPLOAD COMPLETED FORM INTO THE SECURE STUDENT HEALTH WEB PORTAL: [myhealth.salisbury.edu](https://myhealth.salisbury.edu)

Salisbury University Student Health Services, Holloway Hall Room 180, 1101 Camden Avenue, Salisbury, Md 21801

FAX: 410-548-4101 • EMAIL: [Studenthealth@Salisbury.edu](mailto:Studenthealth@Salisbury.edu)

**TO BE COMPLETED BY ON-CAMPUS STUDENTS REQUESTING AN EXEMPTION**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Student Identification Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Status: U.S. Citizen    Y            N                                  International Y            N

Country \_\_\_\_\_

I understand that under Maryland law, students enrolled in a Maryland institution of higher education and who reside in campus housing are required to be vaccinated against meningococcal disease. With this waiver, I seek exemption from this law. I have read the enclosed information provided by the University where the risks of the disease are detailed. In addition, I acknowledge the detrimental health effects of the disease, which can include death. Lastly, I have read and understand the availability and effectiveness of the two forms of vaccine.

I voluntarily agree to release, discharge, indemnify and hold harmless the State of Maryland, Salisbury 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 non-compliance with the law.

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver.

Note, signature must be witnessed and dated.

\_\_\_\_\_  
Printed Name of Student                                  Signature of Student                                  Today's Date

\_\_\_\_\_  
Printed Name of Witness                                  Signature of Witness                                  Today's Date

*NOTE: If the Student is under age 18, a parent/guardian must sign the waiver.*

\_\_\_\_\_  
Printed Name of Parent/Guardian                                  Signature of Parent/Guardian                                  Today's Date

\_\_\_\_\_  
Printed Name of Witness                                  Signature of Witness                                  Today's Date



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Dear Student:

This letter is to provide information about the meningococcal vaccine. Maryland law requires that every student enrolled at the University and who resides in on-campus housing be vaccinated against meningococcal disease. "Meningococcal vaccination" means receipt of the vaccine protecting against at least the four serogroups of A, C, Y and W-135 of meningococcal disease within the preceding five years before the individual moves into campus housing. A student is exempt from this vaccination requirement if he/she (or parent/legal guardian in the case of a minor), after having been advised of the risks of the disease and the availability and effectiveness of the vaccine, signs a written waiver stating that he/she has received and reviewed the information and has chosen not to be vaccinated against the disease. This law includes both undergraduate and graduate students. ***You will not be allowed to remain in campus housing until you comply.*** Please provide a copy of your immunization record which includes verification of immunization for meningococcal disease. If you choose not to be vaccinated, please complete the enclosed waiver and return it to Student Health Services.

Meningitis is an infection of the covering of the brain and spinal cord. The disease causes fatality in 10-15% of the individuals who contract it. Complications include loss of limbs, nervous system problems, deafness, mental retardation, seizures or stroke. Though the law addresses students living on campus, students residing off campus are strongly encouraged to receive the meningococcal vaccine, as well. The American College Health Association, as well as the Centers for Disease Control, recommends the vaccine for all college age students. Meningococcal disease is a particular hazard to students who share classes, communal living arrangements and eat, drink or smoke after each other.

Vaccination against the four serogroups of A, C, Y and W-135 is recommended for adolescents in this age group. Students who received the vaccine prior to the age of 16 should receive a booster. The meningococcal vaccine is generally found in agencies that provide travel immunizations. This may be your local health department, community health agency, outpatient service of your hospital, urgent care centers or through your primary healthcare provider. If you have problems obtaining the vaccine, check with your primary care physician's office for assistance. If you have questions regarding meningococcal disease, the vaccine or this requirement, visit Student Health Services at [salisbury.edu/health](https://salisbury.edu/health) or by calling 410-543-6262.

Sincerely,  
**Student Health Services**