

University of Missouri-St. Louis

Meningococcal Vaccination Policy Compliance Form

To make an informed decision about receiving the vaccine it is important to read the information provided at the following websites: Centers for Disease Control (CDC) www.cdc.gov/nip/publications/VIS/vis-mening.pdf. And American College Health Association (ACHA) www.acha.org/projects_programs/meningitis/disease. or the enclosed brochure. Please return this form and any necessary documentation to the appropriate campus address as listed below.

Student Information:

Name: Last	First	M.	Student Social Security number:	Date of Birth:

Section 1 For students who have received the vaccine

I have received the meningococcal vaccine. A copy of the required documentation is attached.

Printed name of student: _____

Signature of student: _____ Date: _____

Section 2 Waivers (complete part A or B)

A. To be completed by students 18 years of age or older

I am 18 years of age or older. The University of Missouri has provided me information explaining the risks of meningococcal disease and I am aware of the effectiveness and availability of the vaccine. I understand that Missouri law SB 0686 requires “all students who reside in on-campus housing to sign a written waiver stating that the institution of higher education has provided the student, or if the student is a minor, the student’s parents or guardian, with detailed written information on the risks associated with meningococcal disease and the availability and effectiveness of the meningococcal vaccine.” **I do not choose to get the meningococcal vaccine at this time.**

Printed name of student: _____

Signature of student: _____ Date: _____

B. For students under the age of 18:

I am the parent or legal guardian of _____. The University of Missouri has provided me information explaining the risks of meningococcal disease and I am aware of the effectiveness and availability of the vaccine. I understand that Missouri law SB 0686 requires “all students who reside in on-campus housing to sign a written waiver stating that the institution of higher education has provided the student, or if the student is a minor, the student’s parents or guardian, with detailed written information on the risks associated with meningococcal disease and the availability and effectiveness of the meningococcal vaccine.” **I do not want _____ to get the meningococcal vaccine at this time.**

Printed name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____

Return completed form to the following campus address:

University of Missouri St.-Louis
Office of Residential Life and Housing
One University Boulevard
St. Louis, MO 63121-4499