# Meningococcal Vaccination Policy Compliance Form

**University Of Missouri-St. Louis**
**Office of Residential Life and Housing**

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) http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-mening.pdf. and American College Health Association (ACHA) http://www.acha.org/Topics/meningitis.cfm.. Please return this form and **proof of vaccination** to the appropriate campus address as listed below.

***Student Information Print:***

| **Last name** | **First name** | **M.** | **Student ID #** | **DOB (MM/DD/YYYY)** |
|---|---|---|---|---|
| | | | | |

**For students who have received the vaccine based on the CDC requirements. Vaccination are given between the ages of 11-18, if the primary dose was given between the ages of 13-15, the student will needs a booster between the ages of 16-18.**

**Section 1:** I have received the meningococcal vaccine. A copy of the immunization records is attached.

Signature of Student: _____ Date: _____

Date the vaccination was received: _____ Telephone_____

## Section 2: Complete Option A or B <u>if you chose to waive</u>.

### Option 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 <u>SB 0686</u> requires "all students who reside in on-campus housing to sign a written waiver stating that the institution of higher education has provide 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 <u>do not</u> choose to get the meningococcal vaccine at this time. Date: _____**

Print Name: _____ Signature: _____

### Option 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 <u>SB 0686</u> requires "all students who reside in on-campus housing to sign a written waiver stating that the institution of higher education has provide the student, or if the student is a minor, the student's parents or guardian, with detailed written information on the risks

**I <u>do not</u> want _____ to get the meningococcal vaccine at this time.**

**Printed name of parent/guardian: _____**

Signature of parent/guardian: _____ Date: _____

***Return completed form and attach the appropriate medical documentation to the following:***

**For questions regarding this form contact the Health Services directly:**

University of Missouri-St. Louis
Office of Health, Wellness and Counseling & DAS
131 Millennium Student Center
One University Boulevard St. Louis, MO 63121-4400
Telephone 314-516-5671
Fax 314-516-5988