

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 if you chose to waive.

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 SB 0686 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 do not 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 SB 0686 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 do not 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