

University Student Health Services

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Immunization Coordinator

Waiver of Immunization Against Meningococcal Disease

The Code of Virginia (Chapter 340 23-7.5) requires that "all full-time students, prior to enrollment in any public four-year institution of higher education, shall be vaccinated against meningococcal disease." Institutions of higher education must provide the student or the student's parents or other legal representative detailed information on the risks associated with meningococcal disease and on the availability and effectiveness of any vaccine. The code permits "the student or, if the student is a minor, the student's parent or other legal representative, to sign a written waiver stating that he has received and reviewed the information on the risks associated with meningococcal disease and on the availability and effectiveness of any vaccine, and has chosen not to be or not to have the student vaccinated."

Student's Name: _____

Institution: **Virginia Commonwealth University** _____

Birth date: _____ Term/Year of first enrollment: _____

Social Security Number or Student ID: _____

- 1) I have received and reviewed detailed information on the risks associated with meningococcal disease.
2) I have received and reviewed information on the availability and effectiveness of any vaccine (against meningococcal disease).

I choose not to be vaccinated against meningococcal disease.

Signature: _____ Date: _____

As the parent or other legal representative, I choose not to have the student named above vaccinated against meningococcal disease.

Signature: _____ Date: _____