



# **Notre Dame of Maryland University**

## **Meningococcal ACWY Vaccine Waiver Form**

Student Health Services

### **Student Information**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student ID: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Program/Year: \_\_\_\_\_

### **Meningococcal Vaccine Requirement**

Maryland law (Annotated Code of Maryland, Health-General Article §18-406.1) requires that all students residing in on-campus housing receive at least one dose of meningococcal conjugate (ACWY) vaccine OR sign a waiver after reviewing the risks of meningococcal disease and the benefits of vaccination.

### **Waiver Statement**

I have read and understand the information provided about meningococcal disease and the benefits of vaccination. I am aware that meningococcal disease is a serious bacterial infection that can cause meningitis and bloodstream infection, and that vaccination is the most effective way to prevent this disease.

Despite this knowledge, I choose to decline the meningococcal ACWY vaccine at this time.

I understand that by declining this vaccine, I may be at increased risk of contracting meningococcal disease. I also acknowledge that in the event of an outbreak, I may be excluded from campus housing or activities to protect my health and the health of others.

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(If student is under 18 years of age)

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Upload forms to:  
Magnus Health