

MENINGOCOCCAL VACCINE WAIVER

Name:

Date of Birth:

WU ID:

Meningococcal disease can cause infections of the lining of the brain, spinal cord, and blood. Even when treated, meningococcal disease kills 10- 15 infected people out of 100. Of those who survive, about 10 to 20 out of every 100 will suffer permanent disabilities such as hearing loss, brain damage, kidney damage, loss of limbs, nervous system problems, or severe scars from skin grafts. Meningitis can be caused by several species of bacteria, viruses, fungi and parasites. Most infections can be transmitted from person to person by respiratory droplets or throat secretions. Bacterial meningitis is the most common dangerous type of meningitis and can be fatal within 24 hours.

Meningococcal disease is rare, and has declined in the United States since the 1990s. However, it is a severe disease with a significant risk of death or lasting disabilities in people who contract the illness. Adolescents 16–23 years of age and other populations at increased risk, which includes college students living in residence halls/similar housing, etc., should be vaccinated against meningococcal disease per the Centers for Disease Control (CDC), the World Health Organization (WHO) and the American College Health Association (ACHA).

Winthrop University has added the meningococcal vaccines to its required immunizations. You may comply with the requirement by showing documentation of a meningitis vaccine and booster, if needed. Or you must complete this signed waiver indicating that you have decided at this time to decline or defer the meningococcal vaccines as recommended and required. **In the event you contract a vaccine preventable disease for which you have not been immunized, you may be excluded from Winthrop University. Winthrop University will not be responsible for any classes missed and fees paid are not refundable.**

By signing this form, you acknowledge that failure to receive the recommended vaccinations may endanger your health. You also acknowledge that you may readdress this issue with the University Health Services nursing staff at any time, provide proof of vaccination anytime in the future.

I acknowledge that I have read this document in its entirety and fully understand the information.

Student Signature:

Date:

**Parent signature required if student is younger than 18 years old:*