

VANDERBILT UNIVERSITY
MENINGOCOCCAL VACCINE REQUIREMENT

In accordance with Tennessee State Law

Return this form to: Vanderbilt University Student Health Center Zerfoss Bldg., Sta 17, SS3407D Nashville, TN 37232 Fax: 615-343-0047
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STUDENT NAME: _____ SOC. SEC. NO. _____

(or *Student ID #*)

To be completed by a health care provider: (Attached documentation of vaccination from a physician or health clinic is also acceptable.)

The above-named individual has received the meningococcal vaccine as required by Vanderbilt University and the State of Tennessee for new incoming students residing in on-campus student housing.

Date of Meningococcal vaccine administration: _____ *

Health care provider name: _____ Date: _____

Health care provider signature: _____ Phone _____

*The vaccine is effective for approximately 3-5 years. New students living in on-campus housing whose vaccine was not administered within the last 5 years will be asked to update their immunization in order to comply with university policy.

VACCINE WAIVER

To be completed by an individual (or parent/guardian for individual less than 18 years of age) requesting an exemption from the meningococcal vaccine requirement:

For individuals 18 years of age and older:

I am 18 years of age or older. I have received and read the information in the Meningococcal Disease Fact Sheet provided by the University explaining the risks of meningococcal disease, and the effectiveness and availability of the meningococcal vaccine at Vanderbilt Student Health Center. I acknowledge that meningococcal disease is a rare, but life-threatening illness. I understand that under Vanderbilt policy, students enrolled at Vanderbilt University and who reside in on-campus, housing are required to be vaccinated against meningococcal disease. With this waiver, I seek exemption from this requirement. I voluntarily agree to release, discharge, indemnify and hold harmless Vanderbilt University, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my decision not to be immunized against meningitis.

Name of student: _____ Date: _____

Signature of student: _____

For individuals under the age of 18:

I am the parent or guardian of _____ who will be or is

(Name of individual enrolled at Vanderbilt University)

residing in on-campus student housing. I have received and read the information in the Meningococcal Disease Fact Sheet from the university about meningococcal disease and the effectiveness and availability of the vaccine at the Vanderbilt Student Health Center. I acknowledge that the disease is rare but life threatening. I understand that Vanderbilt (in accordance with Tennessee Law) requires that an individual enrolled at Vanderbilt and who resides in on-campus student housing shall receive vaccination against meningococcal disease unless a waiver is signed. I chose to waive receipt of meningococcal vaccine for the above-named individual. I voluntarily agree to release, discharge, indemnify and hold harmless Vanderbilt University, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my decision not to have the above-named individual immunized against meningitis.

Name of parent/guardian: _____ Date: _____

Signature of parent/guardian: _____