MORGAN STATE UNIVERSITY
MENINGOCOCCAL VACCINE WAIVER FORM

Dear On-Campus Housing Student:

Effective June 1, 2000, Maryland law requires that every student enrolled at a University, and who resides on-campus housing, be vaccinated against meningococcal disease, or sign a specified waiver; requiring the parent or guardian of the student to sign the waiver if the student is a minor (under age 18).

WAIVER 18 YEARS OR OLDER

I am 18 years of age of older. I have received and reviewed the information provided on the risk of meningococcal disease and the effectiveness and availability of meningococcal vaccine. I understand that meningcoccal disease is rare but life threatening illness. I understand that Maryland law requires that an individual enrolled in an institution of higher education in Maryland who resides in on-campus student housing shall receive vaccination against meningococcal disease unless the individual signs a waiver to the vaccination.

I voluntarily agree to release, discharge, indemnify and hold harmless the State of Maryland, the 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 any non-compliance with the law.

I choose to waive receipt of meningococcal vaccine.

_____ _____
Signature Date

_____ _____
Student ID# Age

WAIVER FOR INDIVIDUALS UNDER THE AGE OF 18

I have received the information provided on the risks of meningcoccal disease and the effectiveness and availability of meningcoccal vaccine. I understand that meningcoccal disease is rare but life threatening illness. I understand that Maryland law requires that an individual enrolled in an institution of higher education in Maryland who resides in on-campus student housing shall receive vaccination against meningococcal disease unless a waiver to the vaccination is signed.

I voluntarily agree to release, discharge, indemnify and hold harmless the State of Maryland, the 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 any non-compliance with the law.

I choose to waive receipt of meningococcal vaccine for my child, _____
Name of Child

_____ _____
Child's Student ID# Signature of Parent/Guardian

_____
Date