

MENINGOCOCCAL (MENINGITIS) VACCINE FORM

This form must be completed by on-campus residents (including students living in Millenium Hall, Paca and Tubman Houses) and returned to:

- Millennium Hall: 404 Emerson Drive, Towson, MD 21252
- Paca House: 415 Towson Way, Towson, MD 21252
- Tubman House: 425 Towson Way, Towson, MD 21252
- University Housing: Department of Housing and Residence Life, Towson University, 8000 York Road, Towson, MD 21252-0001

(Please do not return to Dowell Health Center.)

Student Name: _____ Soc. Sec. No. _____
(Please Print) Last First Middle

To be completed by a health care provider:

(Attached documentation from a physician or health clinic of receipt of vaccine is also acceptable.)

The above-named individual has received the meningococcal vaccine as required by Maryland law for individuals residing in on-campus student housing at an institution of higher education.

Meningococcal vaccine:

Menactra or Menveo. If primary dose was given before age 16, booster dose is recommended at or after age 16 to assure adequate protection during college years.

Menomune—acceptable alternative, but protection wanes after 3 years. If primary dose was given before age 16, booster dose with Menactra or Menveo is strongly recommended to assure adequate protection during college years.

Lot No.: _____ Exp. Date: _____ Dose: _____ Site: _____

Date Given: _____

Health care provider name (Please Print): _____ Date: _____

Health care provider signature: _____ Tel. _____

VACCINE WAIVER

To be completed by an individual (or parent/guardian for individuals 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 Towson University explaining the risks of meningococcal disease, and the effectiveness and availability of the meningococcal vaccine at Towson's Dowell Health Center. I acknowledge that meningococcal disease is a rare, but life-threatening illness. I understand that under Maryland law, students enrolled in a Maryland institution of higher education and who reside in on-campus student housing are required to be vaccinated against meningococcal disease. With this waiver, I seek exemption from this law. I voluntarily agree to release, discharge, indemnify and hold harmless the State of Maryland, Towson 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: _____
(Please Print)

Signature of student: _____

For individuals under the age of 18:

I am the parent or guardian of _____ who will be or is residing in _____
Name of individual enrolled at Towson University

_____ 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 Dowell Health Center. I acknowledge that the disease is rare but life threatening. 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 is signed. I choose to waive receipt of meningococcal vaccine for the above-named individual. I voluntarily agree to release, discharge, indemnify and hold harmless the State of Maryland, Towson 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 (Please Print): _____ Date: _____

Signature of parent/guardian: _____