

College of Graduate and Continuing Edcation 577 Western Avenue P.O. Box 1630 Westfield, Massachusetts 01086-1630 (413) 572-8020 Fax (413) 572-5227

Waiver for Meningococcal Vaccination Requirement

I have received and reviewed the information provided on the risks of meningococcal disease and the risks and benefits of meningococcal vaccine. I understand that Massachusetts' law requires students enrolled at secondary schools, colleges and universities that provide or license housing to receive meningococcal vaccinations, unless the students provide a signed waiver of the vaccination or otherwise qualify for one of the exemptions specified in the law.

After reviewing the materials above on the dangers of meningococcal disease, I chose to waive receipt of meningococcal vaccine.

Student Name:			
Date of Birth:			
Student ID or SSN:			
Signature:	(Student or parent/legal guardian, If student is under 18 years of age)	Date:	

Provided by: Massachusetts Department of Public Health / Division of Epidemiology and Immunization / 617-983-6800

MDPH Meningococcal Information and Waiver Form March 2005