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: ___________________________ Date: ______________

(Student or parent/legal guardian, if student is under 18 years of age)

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

MDPH Meningococcal Information and Waiver Form March 2005