Shippensburg University Meningitis Vaccine Form

For students who will be living on campus
That are less than 18 years of age

PLEASE READ CAREFULLY

I understand that under Pennsylvania law, students enrolled in a Pennsylvania institution of higher education and who reside in University-operated student housing are required to be vaccinated against meningococcal disease or seek exemption from this law.

I have read the informational material from the Student Health Service. I acknowledge the detrimental health effects of the disease. Lastly, I have read and understand the effects of the vaccine.

Please check one box only.
YES, I received the meningococcal (bacterial meningitis) vaccine.
NO, I have not received the vaccine but intend to, or I do not wish to be vaccinated against meningococcal disease at this time and I voluntarily agree to release discharge, indemnify, and hold harmless Shippensburg University, its officers, trustees, 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 not being vaccinated against meningococcal disease. I have not received the meningitis vaccine as of this date, and I waive the meningitis vaccine.
Student Name:
Home Address:
SU ID#:
I have read and voluntarily signed this document with full knowledge of its significance.
Signature of parent or guardian:
Name of parent or guardian (please print):
THIS DOCUMENT MUST BE COMPLETED AND RETURNED BEFORE OCCUPYING A RESIDENCE

OFFICE OF ETTER HEALTH CENTER SHIPPENSBURG UNIVERSITY 1871 OLD MAIN DR SHIPPENSBURG, PA 17257 (717) 477-1458

DO NOT COMPLETE THIS FORM IF you are 18 years of age or older. If you are 18 years of age or older, this form must be complete online at https://portal.ship.edu.

To learn more about meningitis and the vaccine, visit the Centers for Disease Control and Prevention (CDC) website: www.cdc.gov/meningitis/about/faq.html.

HALL. PLEASE MAIL THIS SIGNED DOCUMENT TO: