Meningococcal Disease Accommodation Form

I have been given a copy and have read, or have had explained to me, the information in the Meningococcal Vaccine Information Statement for meningococcal disease. I have had a chance to ask questions that were answered to my satisfaction. I believe that I understand the risks associated with meningococcal disease and the availability and effectiveness of the vaccine required. However, I am requesting exemption pursuant to the Pennsylvania College and University Student Vaccination Act, 35 P.S. § 633.1 et seq.

____________________________________________________________________________________
Signature of Student
Printed Name
Date

____________________________________________________________________________________
Signature of Parent/Guardian (if student is a minor)  Printed Name
Date

____________________________________________________________________________________
Signature of Physician
Printed Name
Date