



## Meningococcal Vaccine Waiver

If you choose **not** to receive a Meningitis Vaccination, it is **mandatory** that you sign and upload this form by **July 1, 2024** into MICA's secure [Medicat](#) student portal found on the Student Health Center's webpage.

If you **have** received a Meningitis Vaccination, please have your physician document this information on Page 6 of the MICA Health History Form.

**I have received and reviewed the information provided on the risk of meningococcal disease and the availability of meningococcal vaccine. I understand that meningococcal disease is a rare, but life-threatening illness. I understand that Maryland law requires that an individual enrolled in an Institution of Higher Education in Maryland who resides in on-campus housing shall receive vaccination against meningococcal disease unless they sign a waiver.**

I choose to waive receipt of meningococcal vaccine.

Print Student's Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Student's Signature (if over 18): \_\_\_\_\_

Parent/Guardian's Signature (if student is under 18): \_\_\_\_\_