



Meningococcal Vaccine Waiver

If you choose **not** to receive a Meningitis Vaccination, it is mandatory you sign and return this form by **August 2, 2019** to:

Student Health Services
Maryland Institute College of Art
1501 West Mt. Royal Avenue
Baltimore, Maryland 21217

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 _____

Date _____

Student's Signature (if 18 or older) _____

Parent/Guardian's Signature (if student is under 18) _____