

Waiver for Meningococcal Vaccination Requirement

By signing below, I state that:

I am either eighteen (18) years of age or older and applying for this waiver on my own behalf; or I am the parent or legal guardian of the student identified below and applying for this waiver on his/her behalf.

I have received and reviewed the information provided by American University on the risks of contracting meningococcal disease and the availability and effectiveness of meningococcal vaccine.

I understand that District of Columbia law requires newly enrolled students at colleges and universities who are living in residence halls 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 identified above, I have voluntarily decided to refuse the meningococcal vaccine on my own behalf or on the behalf of the student identified below if his/her is less than eighteen (18) years of age.

I understand that if I reconsider my decision, I may return to the Student Health Center to receive the vaccine.

I hereby release American University, its employees from all responsible for any consequences of my decision.

Student Name: _____ Date of Birth: _____

Student ID: _____

Student Signature: _____ Date: _____

If Student is under the age of eighteen (18), signature of parent or legal guardian:

Parent or Legal Guardian's Signature Printed Name Date

American University also requires all new students (regardless of age) to complete the Tuberculosis Screening Questionnaire. Please download this form from the Student Health Center Website and submit it along with your Immunization Form.