



Student Health and Wellness Center
West Chester University
West Chester, Pennsylvania 19383

610-436-2509
fax: 610-436-3148
www.wcupa.edu

MENINGOCOCCAL DISEASE VACCINATION WAIVER FORM

Name: _____

WCU ID: _____

Date: _____

I, _____, received and reviewed the information provided by West Chester University of Pennsylvania regarding meningococcal disease. I am fully aware of the risks associated with meningococcal disease and the availability and effectiveness of the vaccination against the disease. I knowingly decided not to receive a vaccination against meningococcal disease for religious or other reasons (please list):

Signature of Student/Parent/Guardian _____

NOTE: Students under the age of 18 must secure the signature of their parent or guardian if they did not receive a vaccination against the meningococcal disease and plan to reside in University owned housing.