



UNIVERSITY of MARYLAND

Housing Office

MENINGOCOCCAL VACCINE WAIVER FORM

Dear Future Resident:

Effective June 1, 2000, Maryland Law requires that every student, who resides in University housing, be vaccinated against meningococcal disease or signs a waiver. Please read below and complete ONE OF THE TWO sections below, as it pertains to you.

MENINGOCOCCAL VACCINE REQUIREMENT

I have received the meningococcal vaccine as required by Maryland Law for individuals residing in University Housing. Documentation from a physician or health clinic or receipt of vaccine, and date vaccine was administered is attached to this form.

Signature

Date

Student ID #

Age

WAIVER AGE 18 YEARS OR OLDER

I am 18 years of age or older. I have received and reviewed the information provided on the risk of meningococcal disease and the effectiveness and 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 institute of higher education in Maryland who resides in University Housing shall receive vaccination against meningococcal disease unless the individual signs the waiver to the vaccination.

I voluntarily agree to release, discharge, indemnify, and hold harmless UMB Housing/Fayette Square/Capstone Management, from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my non-compliance with the law.

I choose to waive receipt of the meningococcal vaccine.

Signature

Date

Student ID #

Age

All persons will be treated fairly and equally without regard to race, color, religion, sex, family status, disability, national origin, or source of income.

