Dear Students and Parents,

On June 28, 2002, Pennsylvania legislators passed a law requiring universities to provide information to students about meningitis and the effectiveness and availability of the meningitis vaccine. The law also requires that universities prohibit students from residing in university owned housing until students have received the meningitis immunization or have signed a waiver stating that they have reviewed information about the disease and vaccine and have chosen not to receive the immunization.

In compliance with this law, DeSales University must require students to complete the Meningitis Immunization Documentation/Waiver Form at the bottom of this page before admitting them to campus residence. Waiving from the vaccine at this time does not exclude the student from receiving the vaccine at a later date. If the student is under the age of 18, the parent or legal guardian is required to sign the waiver.

Please refer to the enclosure entitled Frequently Asked Questions About Meningococcal Meningitis for detailed information about meningitis and the vaccine.

Sincerely,

Fern M. Strunk, CRNP
Director, Health Center

**Meningitis Immunization Documentation/Waiver Form**

*Please check the appropriate statement:*

- I, ____________________________________________ have received the meningitis immunization.
  
  **Please print student’s name.**

  **DATE IMMUNIZATION RECEIVED** _____________________________

  **Please print physician’s name.**

  **Physician’s address**

  **Physician’s phone number**

  **Physician’s signature**

- I, ____________________________________________ have received information about meningitis and the vaccine and have chosen not to receive the meningitis immunization for religious or other reasons.
  
  **Please print student’s name.**

- I am aware that the meningitis immunization will be provided on campus on Wednesday, September 8, 2004, by Maxim Health Systems from 12:00 noon to 6:00 p.m.

  **Student’s signature (If under age 18, parent/guardian must sign.)**

  **Date**

  **Please print name of parent/guardian, if applicable.**