Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID (LIN) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MENINGOCOCCAL**

***Pennsylvania State Law requires ALL students residing in campus housing either be vaccinated against meningococcal meningitis OR sign a waiver declining vaccination after reviewing information about the benefits of the vaccine.***

There are **TWO** separate vaccine requirements: one for MCV4 - serogroups A,C,Y & W

and another for serogroup B.

MCV4 *(Menactra* or *Menveo) -- at least one dose after 16th birthday.*

Vaccination Date(s): \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

 M D Y M D Y

**OR**

**Please check below to indicate that you have reviewed the** [**Meningitis Information & Waiver Form**](http://studentaffairs.lehigh.edu/node/1904) **and have decided not to obtain a vaccination against meningococcal disease. I understand that I will be able to receive the MCV4 vaccine on campus if I change my mind.**

**\_\_\_\_\_\_\_ I am waiving** MCV4 **vaccination Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

MenB (*Bexsero* or *Trumenba*) ------ *at least one dose of either prior to arrival on campus, either series may be*

*completed once on campus.*

*Bexsero*  #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_

 M D Y M D Y

**OR**

*Trumenba* #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ #3 \_\_\_\_/\_\_\_\_/\_\_\_

M D Y M D Y M D Y

**OR**

**Please check below to indicate that you have reviewed the** [**Meningitis Information & Waiver Form**](http://studentaffairs.lehigh.edu/node/1904) **and have decided not to obtain a vaccination against meningococcal disease. I understand that I will be able to receive these vaccines on campus if I change my mind.**

**\_\_\_\_\_\_\_\_ I am waiving** MenB **vaccination Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please reserve the following for me to receive when I arrive on campus** *(fee for service)***:**

MCV4**\_\_\_\_\_\_\_** *Bexsero* **\_\_\_\_\_\_** *Trumenba \_\_\_\_\_\_*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (student or parent/guardian, if student is under the age of 18 years)