



California University of Pennsylvania

Housing

MENINGITIS WAIVER

Housing 724-938-4444 or Health Center 724-938-4232

Health Center Fax (724) 938-4509

Name: _____ CWID# _____

Home Address: _____

_____ CELL PHONE # _____

I have read and voluntarily signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver.

Signature: _____ Date: _____

Name of parent/guardian if student is under 18 years of age (please print and sign):

Name _____

Signature: _____ Date: _____

*****PLEASE READ CAREFULLY*****

I understand that under Pennsylvania law, students enrolled in a Pennsylvania institution of higher education and who reside in University-operated student housing are required to be vaccinated against meningococcal disease or seek exemption from this law.

Please check one box only:

☐

YES, I received the meningococcal (bacterial meningitis) vaccine.

Date if known: _____ (PROOF OF VACCINE)

☐

NO

I have not received the vaccine but intend to, or I do not wish to be vaccinated against meningococcal disease at this time and I voluntarily agree to release, discharge, indemnify, and hold harmless California University of Pennsylvania, its officers, trustees, employees, and agents 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 not being vaccinated against meningococcal disease. I have not received the meningitis vaccine as of this date, and I waive the meningitis vaccine.

August 22, 2014 DA