



MEDICAL WAIVER AND RELEASE FORM  
MENINGOCOCCAL DISEASE

I, \_\_\_\_\_, certify that I have been provided with written information by Ursinus College explaining the risks associated with meningococcal disease, and the availability and effectiveness of vaccination against the disease and I have reviewed this information. Notwithstanding the information provided, for religious or other reasons, I choose not to be vaccinated against meningococcal disease.

I acknowledge that I am making the decision not to be vaccinated with the full realization that there may be a significant risk of bodily injury, including death, if I contract the disease.

I hereby assume all the risks associated with my decision not to be vaccinated, and agree to release and hold harmless Ursinus College, its trustees, officers, agents and employees, from any and all liability, actions, causes of action, negligence, debts, claims or demands of any kind and nature whatsoever including, but not limited to, claims for negligence, recklessness or any other form of action for which a release may be legally given (including attorneys' fees and costs) which may arise by or in connection with my decision.

I agree further to hold harmless and indemnify the College, its trustees, officers, agents and employees, from any and all liability, actions, causes of actions, negligence, debts, claims or demands of any kind and nature whatsoever (including attorneys' fees and costs) by any person, including myself or the College, which may arise by or in connection with my decision not to be vaccinated.

*I hereby certify that I voluntarily sign this waiver and release, and intend to be legally bound by the terms of this document. I have read all of its provisions and fully understand its significance.*  
**I understand by State law that I will not be able to reside in a residence hall on campus unless I have either received the meningitis vaccine within the last 5 years (and that information has been documented on my immunization record) OR this waiver form has been signed.**

\_\_\_\_\_ I decline the vaccine. (Please check this area if declining)

\_\_\_\_\_  
Student's name (please print)

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Student's date of birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's signature (if student is under 18 years of age)

\_\_\_\_\_  
Date

## MENINGITIS VACCINE

The Pennsylvania legislature requires colleges and universities to inform all resident students about meningitis. The law dictates that all resident students are required to either receive a meningitis vaccine or sign a waiver stating that they have read the information and have decided to not receive the vaccination. Under the provisions of this law, colleges and universities “shall prohibit a student from residing in a dormitory or housing unit” without proof of immunization or a signed waiver. The full transcript of this law is available at <http://www.ncsl.org/research/health/meningitis-state-legislation-and-laws.aspx#introleg2011>

**The medical waiver and release form is included on the reverse side of this paper.**

In order to make an educated decision on whether or not to be vaccinated, please read the following information on meningitis:

Meningitis is an inflammation and infection of the lining of the brain and spinal cord caused by either a virus or bacteria. Viral meningitis is more common than bacterial meningitis and usually occurs in late spring and summer. Signs and symptoms of viral meningitis may include stiff neck, headache, nausea, vomiting and rash. Most cases of viral meningitis run a short, uneventful course and do not require antibiotics. Persons who have had contact with an individual with viral meningitis do not require treatment.

Bacterial meningitis occurs rarely and sporadically throughout the year. Bacterial meningitis (meningococcal meningitis) can cause grave illness and rapidly progress to death and therefore requires early diagnosis and treatment. Persons who have had intimate contact with someone who has been diagnosed with meningococcal meningitis should seek immediate medical attention. These organisms can be transmitted through close personal contact such as sharing drinking or eating utensils, sharing the mouthpiece on a musical instrument, sneezing or coughing on someone, kissing on the lips or sharing cigarettes.

After receiving the vaccine, localized redness in the injection site can be expected for 1-2 days. Additionally, a person may experience headache, fatigue, fever and chills. The vaccine should not be given to a person who has a fever, or anyone allergic to Thimerosal (a preservative used in the vaccine) or to latex. Women who are pregnant should not receive the vaccine and those who are receiving immunosuppressive therapy will not receive the full benefits of the vaccine. As with all vaccines, there is a chance of an allergic reaction or anaphylactic shock which may lead to death.

If you would like more information on meningitis and the vaccine, please visit the center for Disease Control (CDC) website at <http://www.cdc.gov/meningococcal/>