

Meningococcal Immunization Declination Form

Last Name	First Name	Date of Birth	L#
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Street Address	City	State	Zip Code	Home Telephone
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Meningococcal Information

Meningitis is an infection of the fluid of a person's spinal cord and the fluid surrounding the brain. Meningitis is usually caused by a viral or bacterial infection. A vaccine is available to protect against some strains of bacterial meningitis. This vaccine is required by all students under the age of 25. For more information on the Meningococcal vaccine, please visit the CDC website: <https://www.cdc.gov/vaccines/vpd/mening/index.html>

Acknowledgement Statement

I have read and understand the meningitis information above, and I understand the risks and benefits of the vaccine(s). I hereby acknowledge that I am 25 years or older and cannot receive the vaccine. I further understand in the event of an outbreak on campus, **I may be required to leave campus for up to two weeks after the last case is confirmed.**

Signed: _____

Fax or mail to: Wellness Center
Lander University
CPO Box 6045
Greenwood, SC 29649
(864) 388-8456

Please visit our website at: <https://www.lander.edu/student-life/wellness-center>

