

ALVERNIA UNIVERSITY



Health & Wellness Center
Veronica Hall—Lower Level
610-568-1467
h&w@alvernia.edu

Meningitis Waiver

Please check the statement that applies and sign:

_____ I have received the meningitis vaccine, Date _____

_____ I have read and understand the information about meningitis I decline the meningitis vaccine at this time.

Print Student's Name

Signature of Student

Date

Student's Social Security Number

Signature of Parent

Date

This form must be in Health and Wellness Center before moving into residence halls.