

COLBY COMMUNITY COLLEGE
WAIVER FOR THE MENINGOCOCCAL VACCINATION

I have received and reviewed the information provided on the risk of meningococcal disease and the risks and benefits of the meningococcal vaccine. After reviewing the materials on the dangers of meningococcal disease, I choose to waive receipt of the meningococcal vaccine.

Printed Name: _____

Birthdate: ____/____/____ Student ID or Social Security Number _____

Student Signature _____ Date _____

Parent/Legal Guardian Signature (If student is under 18 years of age) Date

