

MENINGOCOCCAL VACCINATION RECOMMENDATION

SECTION 1 – NAME OF STUDENT

STUDENT'S NAME _____ Student ID _____
(First, MI, Last) _____
DOB _____

COMPLETE SECTION 2 **OR** SECTION 3

SECTION 2 – IMMUNIZATION RECORD

To be completed by a health care provider

The above-named student received Meningococcal vaccine on _____.

Health Care Provider Name _____ Phone _____

Address _____
(Street, City, State, Zip)

Signature of Provider _____ Date _____

Documentation from a physician showing receipt of vaccine or a copy of immunization record is also acceptable.

SECTION 3 – VACCINE WAIVER

Complete Section 3A, if you are a student 18 years of age or older.

Complete Section 3B, if you are a student under 18 years of age. A parent or guardian signature is also required.

SECTION 3A: For individuals 18 years of age or older:

I am 18 years of age or older. I have received and read the information provided by Northeast Community College explaining the risks of Meningococcal disease and am aware of the effectiveness and availability of the vaccine. I acknowledge that the disease is rare, but life-threatening. I understand that the State of Nebraska recommends each newly enrolled student residing in on-campus housing for the first time be vaccinated against Meningococcal disease. I voluntarily agree to release, discharge, indemnify, and hold harmless Northeast Community College, its officers, employees, and agents from any and all costs, liabilities, expenses, claims, or causes of action on account of any loss or personal injury that might result from my decision to waive the immunization for Meningitis.

SIGNATURE OF STUDENT _____ DATE _____

SECTION 3B: For individuals under 18 years of age:

We have received and read the information provided by Northeast Community College explaining the risks of Meningococcal disease, and are aware of the effectiveness and availability of the vaccine. We acknowledge that the disease is rare, but life-threatening. We understand that the State of Nebraska recommends each newly enrolled student residing in on-campus housing for the first time be vaccinated against Meningococcal disease. We voluntarily agree to release, discharge, indemnify, and hold harmless Northeast Community College, its officers, 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 our decision to waive the immunization for Meningitis.

SIGNATURE OF STUDENT _____ DATE _____

Please check appropriate box and print name:

PARENT

GUARDIAN _____

(First, MI, Last)

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____