



Meningococcal Waiver Form

Dear Student and Parents:

In 2003 the Nebraska State Legislature, along with several other states, passed a law mandating that all new college students receive information regarding Meningococcal Disease, a bacterial infection in the lining of the brain and spinal cord. This disease often occurs without warning-even among people who are otherwise healthy. The bacteria spreads from person to person through close contact (coughing or kissing) or lengthy contact, especially among people living in the same household. Even when treated, meningococcal disease kills 10-15 infected people out of 100.

Please take time to read the informational pages explaining Meningococcal Disease and the vaccine. The vaccine is recommended at 16 years of age or older for incoming students living in the residence halls. If the shot was received before age 16 a booster is required per CDC guidelines. Ask your physician, County Health Department, or local walk-in pharmacy about availability.

Most current insurance plans do cover the majority of the cost for this vaccine.

Please sign below acknowledging that you have received and reviewed the informational reading regarding Meningococcal Disease and are making an informed decision to decline the vaccination at this time.

Student Name (please print)_____

Student Signature_____Date_____

Parent/Guardian Name (please print)_____
(If student under age 19, parent/guardian must sign)

Relationship to student_____

Parent/Guardian Signature_____Date_____

To complete this item on your Registration Checklist, please submit it through your student portal webpage under “Health Documents”.