

**TULANE UNIVERSITY
MENINGOCOCCAL VACCINE REQUIREMENT**

Return this form to: Tulane Student Health Center (Uptown) Bldg. 92 6823 St. Charles Avenue New Orleans, LA 70118-5698 Fax: 504/865-5083

To be completed by a health care provider: (attached documentation from a physician or health clinic of receipt of vaccine is also acceptable.)

STUDENT NAME: _____ **SOC. SEC. NO.** _____

The above named individual has received the meningococcal vaccine as required by Tulane University for individuals residing in on-campus housing.

Date of Meningococcal vaccine: _____*

Health care provider name: _____ Date _____
Health care provider signature: _____ Phone: _____

*The vaccine is effective for approximately 3-5 years. Students whose vaccine was not administered within the last 5 years will be asked to update their immunization in order to comply with University policy.

VACCINE WAIVER

To be completed by an individual (or parent/guardian for individuals less than 18 years of age) requesting an exemption from the meningococcal vaccine requirement:

For individuals 18 years of age and older:

I am 18 years of age or older. I have received and read the information in the Meningococcal Disease Fact Sheet provided by Tulane University explaining the risk of meningococcal disease, and the effectiveness and availability of the meningococcal vaccine at Tulane Student Health Center (Uptown). I acknowledge that meningococcal disease is a rare, but life-threatening illness. I understand that under Tulane policy, students enrolled at Tulane University and who reside in on-campus, student housing are required to be vaccinated against meningococcal disease. With this waiver, I seek exemption from this requirement. I voluntarily agree to release, discharge, indemnify and hold harmless Tulane University, 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 my decision not to be immunized against meningitis.

Name of student: _____ Date: _____

Signature of student: _____

For individuals under the age of 18:

I am the parent or guardian of _____ who will be, or is
(Name of individual enrolled at Tulane University)

residing in on-campus student housing. I have received and read the information in the Meningococcal Disease Fact Sheet from the University about meningococcal disease and the effectiveness and availability of the vaccine at the Tulane Student Health Center (Uptown). I acknowledge that the disease is rare but life-threatening. I understand that Tulane requires that an individual enrolled at Tulane and who resides in on-campus student housing shall receive vaccination against meningococcal disease unless a waiver is signed. I choose to waive receipt of meningococcal vaccine for the above named individual. I voluntarily agree to release, discharge, indemnify and hold harmless Tulane University, 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 my decision not to have the above named individual immunized against meningitis.

Name of parent/guardian: _____ Date: _____

Signature of parent/guardian: _____