

# Meningococcal (Meningitis) Vaccine Requirement

**Return this form by August 1:**

Office of Residence Life  
Macon State College  
100 College Station Dr.  
Macon, GA. 31206

Student Name: \_\_\_\_\_  
Please Print      Last      First      Middle

MSC ID# 926-\_\_\_\_\_

**To be completed by a health care provider:**

**(Attached documentation from a physician or health clinic of receipt of vaccine is also acceptable.)**

The above-named individual has received the meningococcal vaccine.

Meningococcal vaccine\*:  MPSV4 (Menomune)  MCV4 (Menactra)  Other vaccine

Lot No.: \_\_\_\_\_ Expir. Date: \_\_\_\_\_ Dose: \_\_\_\_\_ Site: \_\_\_\_\_

Date Given: \_\_\_\_\_

Health care provider name (Please Print): \_\_\_\_\_

Date: \_\_\_\_\_

Health care provider signature: \_\_\_\_\_ Tel. \_\_\_\_\_

\*Menomune is effective for approximately 3-5 yrs; Menactra effectiveness is expected to be >5 years. It is recommended that students whose vaccine was not administered within the last 5 years update their immunization.

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

**For individuals 18 years of age and older:**

I am 18 years of age or older. I acknowledge that meningococcal disease is a rare, but life-threatening illness. I understand that under Georgia law, students enrolled in a Georgia institution of higher education and who reside in on-campus, student housing are encouraged to be vaccinated against meningococcal disease. With this waiver, I seek exemption from this vaccine. I voluntarily agree to release, discharge, indemnify, and hold harmless the State of Georgia, Macon State 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 my decision not to be immunized against meningitis.

Name of student (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

**For individuals under the age of 18:**

I am the parent or guardian of \_\_\_\_\_ who will be or is residing in on-campus student housing. I acknowledge that the disease is rare but life threatening. I understand that Georgia law encourages an individual enrolled in an institution of higher education in Georgia, who resides in on-campus student housing to 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 the State of Georgia, Macon State 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 my decision not to have the above-named individual immunized against meningitis..

Name of parent/guardian (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_