BERRY COLLEGE

HEALTH AND WELLNESS CENTER

Meningococcal Vaccine Form

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

Student Name: _____
Last, First Middle

Social Security Number _____--_____--_____ Date of Birth _____ /_____ /_____

The above named individual has received the meningococcal vaccine as required by Georgia State Law for on-campus resident students.

Date of Meningococcal Vaccine: _____ /_____ /_____

Healthcare Provider Name: _____ Date: ____ /____ /_____

Healthcare Provider Signature: _____ Phone: _____

The vaccine is effective for approximately 3-5 years. Students whose vaccine was not administered within the last 5 years should have their immunization updated in order to fully comply with the law.

VACCINE WAIVER

To be completed by an individual (or guardian for individuals younger than 18 years of age) who are 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 Information Sheet provided by Berry College explaining the risk of meningococcal disease and the effectiveness and availability of the meningococcal vaccine. I acknowledge that meningococcal disease is a rare but life-threatening illness. I understand that according to state law, all students are required to be vaccinated against meningococcal disease or sign a waiver to be exempted from this requirement. With this waiver, I seek exemption from the meningococcal immunization requirement. I completely and voluntarily agree to release, discharge, and in all ways hold without blame Berry 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:_____Date:_____/_____/_____

Signature of Student:_____

For Individuals under the age of 18:

I am the legal guardian of_____who will be, or is residing in on-campus student housing. I have received and read the information in the Meningococcal Disease Information Sheet provided by Berry College explaining the risk of meningococcal disease and the effectiveness and availability of the meningococcal vaccine. I acknowledge that meningococcal disease is a rare but life-threatening illness. I understand that according to state law, all students are required to be vaccinated against meningococcal disease or sign a waiver to be exempted from this requirement. With this waiver, I seek exemption from the meningococcal immunization requirement. I completely and voluntarily agree to release, discharge, and in all ways hold without blame Berry 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 parent/guardian:_____Date:_____/_____/_____

Signature of parent/guardian:_____