

Waiver of Immunization Against Meningococcal Disease

Virginia State law requires that “all full time students, prior to enrollment in any public four year institution of higher education, shall be vaccinated against meningococcal disease.” Institutions of higher education must provide the student or the student’s parent or other legal representative detailed information on the risks associated with meningococcal disease and on the availability and effectiveness of any vaccine. The code permits “the student or, if the student is a minor, the student’s parent or other legal representative, to sign a waiver stating that he has received and reviewed the information on meningococcal disease and on the availability and effectiveness of any vaccine, and has chosen not to have the student vaccinated.”

Name: _____ Birth Date: _____

Term/Year of 1st enrollment: _____ SSN or Student ID: _____

- I have received and reviewed detailed information on the risks associated with meningococcal disease.
- I have received and reviewed information on the availability and effectiveness of any vaccine against meningococcal disease.
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If you have not received your vaccination, but plan to do so, read and sign the statement below:

By my signature, I indicate that I am in the process of obtaining the meningococcal disease vaccine, and will have my doctor’s office forward a copy of the vaccination record upon its completion.

Signature: _____ Date: _____
(If you are a minor, have a parent or legal representative sign here.)

If you choose not be vaccinated against meningococcal disease, read and sign the statement below:

By my signature, I indicate that I choose not to obtain the meningococcal disease vaccine.

Signature: _____ Date: _____
(If you are a minor, have a parent or legal representative sign here.)

**Bridgewater College
Health Services**