

University of Missouri
Meningococcal Vaccination Policy Compliance Form

To make an informed decision about receiving the vaccine it is important to read the information provided at the following websites: Centers for Disease Control (CDC) www.cdc.gov/nip/publications/VIS/vis-mening.pdf and American College Health Association (ACHA) www.acha.org/projects_programs/meningitis/disease. Please return this form and any necessary documentation to the appropriate campus address as listed below. If you do not have web access you may contact your campus for information.

Student Information:

Name: Last	First	M.	Student number	Date of Birth

Section 1 For students who have received the vaccine

I have received the meningococcal vaccine. A copy of the required documentation is attached.

Printed name of student: _____

Signature of student: _____ Date: _____

Section 2 Waivers (complete part A or 13)

A. To be completed by students 18 years of age or older

I am 18 years of age or older. The University of Missouri has provided me information explaining the risks of meningococcal disease and the effectiveness and availability of the vaccine. I understand that Missouri law Section 174.335 requires "all students who reside in on-campus housing to sign a written waiver stating that the institution of higher education has provided the student, or if the student is a minor, the student's parents or guardian, with detailed written information on the risks associated with meningococcal disease and the availability and effectiveness of the meningococcal vaccine." **I have not received the meningococcal vaccine at this time.**

Printed name of student: _____

Signature of student: _____ Date: _____

B. For students under the age of 18

I am the parent or legal guardian of _____. The University of Missouri has provided me information explaining the risks of meningococcal disease and I am aware of the effectiveness and availability of the vaccine. I understand that Missouri law Section 174.335 requires "all students who reside in on-campus housing to sign a written waiver stating that the institution of higher education has provided the student, or if the student is a minor, the student's parents or guardian, with detailed written information on the risks associated with meningococcal disease and the availability and effectiveness of the meningococcal vaccine." _____ **has not received the meningococcal vaccine at this time.**

Printed name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____

Return completed form to one of the following campus addresses.

Columbia Campus
 Student Health Center
 1101 Hospital Drive
 DC800.00
 Columbia, MO 65212
 Fax: (573) 884-8902
 Phone: (573) 882-7747
www.studenthealth.missouri.edu

Kansas City Campus
 UMKC Residential Life Office
 Cherry Street Hall, Room 109
 5030 Cherry Street
 Kansas City, MO 64110
 Phone: (816) 235-2800
www.umkc.edu/housing/

Rolla Campus
 Student Health Services
1200 North Pine Street
 Rolla, MO 65409
 Phone: (573) 341-4284
<http://campus.umr.edu/studenthealth/>

St Louis Campus
 University Health Services
 131 Millennium Student Center
 8001 Natural Bridge Road
 St. Louis MO 63121-4499
 Fax: (314) 516-5988
 Phone: (314) 516-5671
<http://www.umsl.edu/services/health/>