

Meningococcal Vaccination Policy Compliance Form

University of Missouri

One section of this form must be completed for all students living in university residential housing.

To make an informed decision about receiving the vaccine it is important to read the information on Meningococcal vaccination provided by the Center for Disease Control and the American College Health Association. 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, Middle Initial

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:

Student signature:

Date:

Section 2: Waivers (Complete part A or B)

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 I am aware of the effectiveness and availability of the vaccine. I understand that Missouri law SB 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 do not choose to get the meningococcal vaccine at this time.

Printed name of student:

Student signature:

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 SB 0686 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 do not want to get the meningococcal vaccine at this time.

Printed name of parent or guardian:

Parent or guardian signature:

Date:

Return completed form to one of the following campus addresses:

Columbia Campus

Student Health Center, Pershing Hall
909 Hitt Street DC800.00
Columbia, MO 65211

Phone: 573-882-7481
wellbeing.missouri.edu

Kansas City Campus

Residential Life Business Office
Twin Oaks Apartments
5000 Oak Street
Kansas City, MO 65112

Phone: 816-235-8956
umkc.edu/housing

Rolla Campus

Student Health Services
1200 North Pine Street
Rolla, MO 65409

Phone: 573-341-4284
campus.UMR.edu/studenthealth

St. Louis Campus

University Health Services
131 Millennium Student Center
8001 Natural Bridge Road
St. Louis, MO 63121

Fax: 314-516-5988
Phone: 314-516-5671
umsl.edu/services/health