THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON, DC

Meningococcal Vaccine Waiver

Colonial Health Center
Marvin Center, Ground Floor
800 21st Street, NW | Washington, DC 20052
P: 202-994-5300 | F: 202-912-8488
Healthcenter.gwu.edu

Incomplete Forms Will Be Returned to the Student

Last Name _____ First Name _____

GWid# _____ Date of Birth _____ Age _____

Semester/Year First Admitted _____ Email Address/Contact Phone Number _____

By signing below, I understand and state that:

1. I have received and reviewed the information provided by the George Washington University explaining the risk of meningococcal disease, and the effectiveness and availability of the meningococcal vaccine.

2. I understand that D.C. Code §38-503 and related regulations require that each first-year student who is enrolled at the university and is living in, or who may live in on-campus student housing, must be vaccinated against meningococcal disease or must sign a waiver of the meningococcal vaccine requirement.

3. I understand that in accordance with university policy, each student who is enrolled in any school of the university for the first time, including transfer students, must make an election to receive the meningococcal vaccine or to waive the vaccine requirement.

4. I acknowledge that meningococcal disease is a rare, but life-threatening illness; however, I decline the vaccine on my own behalf since I am eighteen (18) years of age or older; or I decline the vaccine on behalf of the student identified below if he/she is younger than eighteen (18) years of age.

OR

5. I understand that if I reconsider my decision to decline the vaccine, I, or the student for whom I am parent or legal guardian as the case may be, may return to the Colonial Health Center to receive the vaccine.

6. I am either eighteen (18) years of age or older and applying for this waiver on my own behalf; or I am the parent or legal guardian of the student identified below and am applying for this waiver on his/her behalf.

By signing this waiver, I am seeking an exemption from the meningococcal vaccine requirement mandated by D.C. law. I hereby voluntarily agree to fully release the George Washington University, the Colonial Health Center and its staff from any and all costs, liabilities, expenses and any other consequences thereof that might result from my decision to decline the meningococcal vaccine.

_____
Student's Signature Date

_____
PRINT: Student Name

_____
Parent/Legal Guardian Signature (if under 18) Date

_____
PRINT: Parent/Legal Guardian Name (if under 18)

For office use only: **Waiver reviewed and granted by:** _____ **Date** _____