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 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_info.cfm#recommendation. 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:	_	Student number:	DOB:
Last	First M		
Section 1	For students who ha	ave received the vaccin	e
I have received the mening	ococcal vaccine. A copy of the req	quired documentation is attac	hed.
Printed name of student:			
Signature of student:		Date:	
Section 2	Waivers (com	plete part A or B)	
I am 18 years of age or olde am aware of the effectivene on-campus housing to sign minor, the student's parents	ess and availability of the vaccine. a written waiver stating that the in s or guardian, with detailed written	provided me information ex I understand that Missouri la stitution of higher education in information on the risks ass	plaining the risks of meningococcal disease and I aw SB 0686 requires "all students who reside in has provided the student, or if the student is a sociated with meningococcal disease and the meningococcal vaccine at this time.
Printed name of student:			
Signature of student:		Date:	
risks of meningococcal dise requires "all students who r the student, or if the studen	redian ofease and I am aware of the effective reside in on-campus housing to sig t is a minor, the student's parents of the availability and effectiveness	reness and availability of the on a written waiver stating th or guardian, with detailed wi	uri has provided me information explaining the vaccine. I understand that Missouri law SB 0686 at the institution of higher education has provided itten information on the risks associated with e." I do not wantto
Printed name of parent/guar	rdian:		
Signature of parent/guardia	n:	Date:	
	Return completed form t	o one of the following cam	pus addresses.
Columbia Campus Student Health Center 1101 Hospital Drive DC800.00 Columbia, MO 65212	Kansas City Campus Residential Life Business Office Twin Oaks Apartments 5000 Oak Street Kansas City, MO 64112	Rolla Campus Student Health Services 1200 North Pine Street Rolla, MO 65409	St. Louis Campus University Health Services 131 Millennium Student Center 8001 Natural Bridge Road St. Louis, MO 63121-4499

Phone: (573) 341-4284

http://campus.umr.edu/studenthealth/

Phone: (314) 516-5671

http://www.umsl.edu/services/health/

Phone: (573) 882-7747

www.studenthealth.missouri.edu

Phone: (816) 235-8956

www.umkc.edu/housing