Dickinson College Student Health Services
STUDENT MEDICAL WAIVER AND RELEASE FORM
MENINGOCOCCAL DISEASE

This form must be completed by all students who do not have documentation of a meningitis vaccine in the past 3 years. If documentation of the meningitis vaccine is provided on Page 2 of the Immunization/Physical Exam form, you do not need to complete this form.

I, _____, certify that I have read the information about meningitis on the Health Center website, which explains the risks associated with meningococcal disease, and the availability and effectiveness of vaccination against the disease. Notwithstanding the information provided, for religious or other reasons, I choose not to be vaccinated against meningococcal disease.

I acknowledge that I am making my decision not to be vaccinated with the full realization that there may be a significant risk of bodily injury, including death, if I contract the disease.

I hereby assume all the risks associated with my decision not to be vaccinated, and agree to release and hold harmless Dickinson College, its trustees, officers, agents, and employees, from any and all liability, actions, causes of action, negligence, debts, claims, or demands of any kind and nature whatsoever including, but not limited to, claims for negligence, recklessness or any other form of action for which a release may be legally given (including attorneys' fees and costs) which may arise by or in connection with my decision.

I agree further to hold harmless and indemnify the College, its trustees, officers, agents and employees from any and all liability, actions, causes of action, negligence, debts, claims or demands of any kind and nature whatsoever (including attorneys' fees and costs) by any person, including the College which may arise by or in connection with my decision not to be vaccinated.

I hereby certify that I voluntarily sign this waiver and release, and intend to be legally bound by the terms of this document. I have read all of its provisions, and fully understand its significance.

I further understand that by State law I will not be allowed to reside in a residence hall on campus unless I have either provided verification from my health care provider that I have received the vaccine within the past 3 years or declined the vaccine by signing this waiver form.

- ❑ **I decline the vaccine.**
- ❑ **I decline the vaccine at this point in time, but may wish to have it at a later date.**

_____ _____/_____/_____
Please print name Date of Birth

_____
Student's signature – age 18 or older Date

_____
Parent's/Guardian's signature – if student under age 18