



Georgetown University  
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Summer Programs for High School Students  
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Submit your forms online at <http://summer.georgetown.edu/forms>

## Meningitis Vaccine Waiver

### **To be completed by an individual (or parent/guardian for individuals less than 18 years of age) requesting an exemption from the meningitis vaccine requirement:**

#### **For individuals 18 years of age and older:**

I am 18 years of age or older. I have read and comprehend the Meningitis Fact Sheet, available from either the Georgetown University Student Health Center or at the student health website at [shc.georgetown.edu](http://shc.georgetown.edu), which explains the risks of meningococcal disease and the benefits and effectiveness of the vaccine. I acknowledge the detrimental effects of the disease and understand that it is the policy of Georgetown University to require all individuals living in residence halls to be vaccinated against meningococcal disease. With this waiver I seek exemption from this requirement and do not wish to be vaccinated. I voluntarily agree, for myself, my heirs, executors, administrators, assigns, agents and personal representatives to fully release, discharge, indemnify and hold harmless Georgetown University, its officers, employees and agents, Trustees and insurers from any and all costs, liabilities, expenses, claims, demands, actions or causes of action on account of any and all known and unknown, foreseen and unforeseen loss or bodily and personal injuries and other consequences thereof that might result from my decision not to be immunized against meningitis.

Printed Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

#### **For individuals under the age of 18 years:**

I am the parent or guardian of \_\_\_\_\_ who is under the age of 18 years. I have read and comprehend the Meningitis Fact Sheet, available from either the Georgetown University Student Health Center or at the student health website at [shc.georgetown.edu](http://shc.georgetown.edu), which explains the risks of meningococcal disease and the benefits and effectiveness of the vaccine. I acknowledge the detrimental effects of the disease and understand that it is the policy of Georgetown University to require all individuals living in residence halls to be vaccinated against meningococcal disease unless a waiver is signed. I choose to waive receipt of the meningococcal vaccine for the above-named individual, and his or her heirs, executors, administrators, assigns, agents and personal representatives, and I voluntarily agree for myself, my spouse, and the above-named individual to fully release, discharge, indemnify and hold harmless Georgetown University, its officers, employees and agents, Trustees and insurers from any and all costs, liabilities, expenses, claims, demands, actions or causes of action on account of any and all known and unknown, foreseen and unforeseen loss or bodily and personal injuries and other consequences thereof that might result from my decision not to be immunized against meningitis.

Printed Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_