



HARCUM

HARCUM COLLEGE

MENINGOCOCCAL VACCINE

Student Name (Print): _____ Date of Birth: _____

Mailing Address: _____

THIS FORM IS **MANDATORY** FOR STUDENTS WHO PLAN TO LIVE IN COLLEGE HOUSING.

Please fill out **one** of the following sections: (a) Certification by a physician, (b) Student certification, or (c) a signed Waiver section. Then **mail** form to *STUDENT HEALTH SERVICES*.

Follow the instructions very carefully. Failure to submit a form, or incomplete forms (e.g., failure to attach the required immunization record for a student certification) = not being able to move into College housing.

(a) **PHYSICIAN CERTIFICATION OF MENINGOCOCCAL VACCINE**

I CERTIFY THAT the above-named individual received the meningococcal vaccine on ____/____/____
circle one: Menomune or Menactra

Signed _____ MD/DO

Print name _____ Tel#: _____ Date _____

-----OR-----

(b) **STUDENT (or parent or guardian if student is under 18 years of age) CERTIFICATION OF MENINGOCOCCAL VACCINE. IMMUNIZATION RECORD MUST BE ATTACHED**

I CERTIFY THAT I have received the meningococcal vaccine

Signed _____ Date _____

Print name _____

-----OR-----

(c) **WAIVER**

I have received and reviewed the information sent to me by Harcum College about the risks associated with meningococcal disease and the availability and effectiveness of a vaccine against this disease. I have chosen not to be vaccinated, for religious or other reasons.

Signature of student (parent or guardian if student is under 18 years of age) Date _____

PLEASE MAKE A COPY FOR YOUR RECORDS.

MAIL ORIGINAL TO: HARCUM COLLEGE
750 Montgomery Avenue
DO NOT FAX Bryn Mawr, Pennsylvania 19010
Attn: Theresa Gordon, RN