

MARYWOOD UNIVERSITY
STUDENT HEALTH SERVICES

MENINGOCOCCAL VACCINE REQUIREMENT DOCUMENTATION

_____ I have received the meningitis vaccine. Documentation from a physician or clinician **MUST** be submitted if the vaccination was NOT noted in the Immunization Record section of the Health History/Physical Examination/Immunization Record Form submitted prior to enrollment as a resident student.

_____ I have read and understand the information about meningitis. I decline the meningitis vaccine at this time. I understand and agree that if I decide in the future to be vaccinated, proof of having received the vaccine will be submitted to the Student Health Services Center.

Student Name (Please Print)

Signature

Date

Signature of Parent/Guardian if student is under 18 years of age...

Date

Please Return Completed Form to: Student Health Services
Marywood University
2300 Adams Avenue
Scranton, PA 18509

RESIDENT STUDENTS WILL NOT BE ADMITTED TO UNIVERSITY HOUSING UNTIL THIS COMPLETED FORM AND/OR VERIFICATION OF VACCINE ADMINISTRATION ARE RECEIVED IN STUDENT HEALTH SERVICES.

MARYWOOD UNIVERSITY

STUDENT HEALTH SERVICES

MEASLES, MUMPS, RUBELLA (MMR) VACCINE REQUIREMENT DOCUMENTATION

_____ I have read and understand the information about Measles, Mumps and Rubella (MMR). I decline the MMR vaccine at this time. I understand and agree that if I decide in the future to be vaccinated; proof of having received the vaccine will be submitted to the Student Health Services Center.

Student Name (Please Print)

Signature

Date

Signature of Parent/Guardian if student under 18 years of age

Date

Please Return Completed Form to:

Student Health Services

Marywood University

2300 Adams Avenue

Scranton, PA 18509

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