



**Texas Lutheran University
Meningococcal Vaccine Waiver Form**

Student's full name and date of birth

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

If student is a minor, parent or guardian's full name

First Name: _____

Middle Name: _____

Last Name: _____

Student's address

Street: _____

City: _____

State: _____

Risks and Benefits of Meningococcal Vaccination

Meningococcal disease is an acute, potentially severe illness that most often causes meningitis, an infection of the spinal fluid and the fluid that surrounds the brain. It leads to sudden onset of fever, headache, and stiff neck and is usually accompanied by nausea, vomiting, light sensitivity, and altered mental status. Less commonly, it can cause pneumonia, arthritis, and ear/throat infections. Meningococcal disease can result in hearing loss, nervous system problems, seizures, strokes, loss of limbs (arms, legs), and even death. A protective level of antibody is usually achieved within 7 – 10 days of vaccination. The vaccines protect about 90% of individuals who get them. The most common side effects are redness or pain at the injection site lasting 1– 2 days, headache, and fatigue. Serious allergic reactions are very rare.

By signing my name below, I acknowledge that do not want the individual named above to receive the meningococcal vaccine for reasons of conscience, which may include a religious belief.

Student (if 18 years or older) or Parent/Guardian (if younger than 18 years)

This meningococcal meningitis vaccination form is not considered complete until it has been notarized below.

Notary Public
State of Texas

Personally Appeared