



## WASHINGTON THEOLOGICAL UNION

### Waiver from Meningococcal Vaccination Requirement

**By signing below, I state that:**

- 1) I am either eighteen (18) years of age or older and applying for this waiver on my own behalf; or I am the parent or legal guardian of the student identified below and applying for this waiver on his/her behalf;
- 2) I have received and reviewed the information provided by Washington Theological Union on the risks of contracting meningococcal disease and the availability and effectiveness of meningococcal vaccine;
- 3) I understand that the District of Columbia law requires a first year student enrolled in a school of post-secondary education and living, or who may live, in on-campus student housing to receive meningococcal vaccinations, unless the student provides a signed waiver of the vaccination or otherwise qualifies for one of the exemptions specified in the law;
- 4) After reviewing the materials identified above, I have voluntarily decided to refuse the meningococcal vaccine on my own behalf or on the behalf of the student identified below if he/she is less than eighteen (18) years of age;
- 5) I hereby release Washington Theological Union and its employees from all responsibility for any consequences of my decision.

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
*Please Print*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If Student is under the age of eighteen (18), signature of parent or legal guardian:

\_\_\_\_\_  
**Parent or Legal Guardian's Signature** **Date:** \_\_\_\_\_

\_\_\_\_\_  
*Please print Name*