

**University of Pittsburgh at Bradford**

**Meningitis Vaccine Waiver Form**

*Resident students **must** complete and return this form prior to moving into campus housing.*

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\_\_\_\_\_

Last Name

First Name, Middle Initial

**I have reviewed the meningitis information provided by the University  
and have chosen not to be vaccinated as of this date.**

\_\_\_\_\_

\_\_\_\_\_

Student Signature

Date

If you decide you are interested in receiving the meningitis vaccine, please review the following. For students who are covered by health insurance, contact your local physician to learn more about how you can be vaccinated against meningitis. For those students without health insurance coverage, call your local or state health department to see how you can receive a meningitis vaccine.

**Return to: Student Health Services, University of Pittsburgh at Bradford, 300  
Campus Drive, Bradford, PA 16701 Fax: 814-362-7514**

Authority for collection of this information is 35 P.S. § 633.1 *et seq.*

Updated 08/23/19