



YOUR HEALTH & WELL-BEING RESOURCE

Kansas State University

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MENINGOCOCCAL VACCINE WAIVER

Use this form for Meningococcal Vaccine Waiver only.

| Last Name | First Name | Middle Name |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Date of Birth | Wildcat ID |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

It is the policy of the Board of Regents of the State of Kansas that incoming students residing in student housing at a Regents’ Institution be vaccinated for meningitis or sign a waiver refusing receipt of the meningitis vaccine. Kansas State University is a Regents’ Institution and is subject to this policy. See your housing contract, under vaccinations/immunizations.

This form is provided by Kansas State University’s Lafene Health Center to students wanting to waive the Meningococcal Vaccine. If you decide to waive the Meningococcal Vaccine, you must print this form, sign and return it to Lafene Health Center or upload the completed form to your patient portal.

Please read the Centers for Disease Control and prevention educational material regarding the hazards and risks of meningitis disease and the meningococcal vaccine at www.cdc.gov/vaccines. This information is confidential and shall be used by Kansas State University to track compliance with the current Meningococcal Vaccine policy.

WAIVER: I have read the educational information referred to me in this form about the risks of contracting meningitis and have refused the vaccination.

Student Signature: _____ Date(MM/DD/YYYY): _____