



Assignment Office for Campus Residences
Auxiliary Services
Housing and Food Services

The Pennsylvania State University
101 Shields Building
University Park, PA 16802

(814) 865-7501
Fax: (814) 863-8364

Instructions

Students must complete Section A, and Section B, C, or D.

Section A: Student Information

Student Name _____
PSU ID Number _____ Semester Standing _____
Home Address _____
City _____ State _____ Zip _____
Home Telephone _____ Date of Birth _____
Home E-mail Address _____ PSU E-mail Address _____
Campus Address _____

Section B: Health Care Provider Certification of Meningococcal Vaccine

The above-named individual received the meningococcal vaccination on / /
mo. / day / yr.
Name (print) _____ MD/DO/NP/PA/RN Date _____
Signature _____ License # _____

Section C: Student Certification of Meningococcal Vaccine

A copy of my immunization record, which shows that I received the meningococcal vaccination, is attached.

Signature _____ Date _____

Section D: Exemption Waiver

I have received and reviewed the information sent to me by Penn State University regarding the risks associated with meningococcal disease, and the availability and effectiveness of the vaccine against this disease. I am requesting a waiver to the requirement for on-campus housing students to have a one-time meningococcal vaccination on the basis that I have chosen not to be vaccinated due to religious or personal reasons.

Signature _____ Date _____
Signature of student age 18 or older
Signature _____ Date _____
Parent signature for a student under age 18

Please return this form to:

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