

Student Name: _____
Last Name First Name

TU ID#: _____ Date of Birth: _____

Mailing Address: _____
Address

City/ State/ Zip Code

THIS FORM IS **MANDATORY** FOR STUDENTS WHO PLAN TO LIVE IN UNIVERSITY HOUSING.

Please fill out **one** of the following sections: (a) Certification by a physician, (b) Student certification, or (c) a signed Waiver section. Then **mail** form to *STUDENT HEALTH SERVICES*.

Follow the instructions very carefully. Failure to submit a form, or incomplete forms (e.g., failure to attach the required immunization record for a student certification) = not being able to move into University housing.

(a) **PHYSICIAN CERTIFICATION OF MENINGOCOCCAL VACCINE**

I CERTIFY THAT the above-named individual received the meningococcal vaccine on ____/____/____
circle one: Menomune or Menactra

Signed _____ MD/DO License # _____

Print name _____ Tel#: _____ Date _____

-----OR-----

(b) **STUDENT (OR parent or guardian if student is under 18 years of age) CERTIFICATION OF MENINGOCOCCAL VACCINE** ***NOTE: IMMUNIZATION RECORD MUST BE ATTACHED

I CERTIFY THAT I have received the meningococcal vaccine.

Signed _____ Date _____

Print name _____

-----OR-----

(c) **WAIVER**

I have received and reviewed the information sent to me by Temple University about the risks associated with meningococcal disease and the availability and effectiveness of a vaccine against this disease. I have chosen not to be vaccinated, for religious or other reasons.

Date _____

Signature of student (parent or guardian if student is under 18 years of age)

PLEASE MAKE A COPY FOR YOUR RECORDS.

MAIL ORIGINAL TO: Temple University Student Health Services (066-04)
1810 Liacouras Walk, 4th Floor
Philadelphia, PA 19122-6029
Attn: Tanya Dixon, LPN

***** DO NOT FAX *****