Please type your information in the boxes before printing.

TEMPLE UNIVERSITY®
Student Health Services

IMMUNIZATION FORM: 2019-2020

MENINGOCOCCAL VACCINE

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 or fax** 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 / Menactra / Menveo

Booster (if applicable) ____/___/____ **circle one: Menomune / Menactra / Menveo**

Signed_____MD/DO License #_____

Print name_____Tel#:_____ Date_____

----------OR----------

(b) PARENT OR GUARDIAN CERTIFICATION OF MENINGOCOCCAL VACCINE

*****NOTE: IMMUNIZATION RECORD MUST BE ATTACHED**

I CERTIFY THAT the above named student has 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. We have declined to be vaccinated, for religious or other reasons.

_____ Date_____
Signature of Student, Parent or Guardian

PLEASE MAKE A COPY FOR YOUR RECORDS.

MAIL ORIGINAL TO: **Temple University Student Health Services**
1700 N. Broad Street, 4th Floor
Philadelphia, PA 19121
Attn: Tanya Dixon, LPN

OR FAX to (215) 204-4660