

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 , Menactra or Menveo**

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, 4<sup>th</sup> Floor  
Philadelphia, PA 19122-6029  
Attn: Tanya Dixon, LPN

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