

Brewton Parker College
Office of Residence Life

To be completed by staff:
ID. No: _____
Received: _____
By: _____

Waiver of Immunization against Meningococcal Disease

In accordance with Georgia House Bill 521, Chapter 12 of Title 31, all students living in college owned housing must EITHER receive a vaccine for bacterial meningitis OR indicate that they have reviewed information about the risks of bacterial meningitis and have already been vaccinated or choose not to be vaccinated. Please complete this form and return it to:

Office of Residence Life
Brewton-Parker College #2013
P.O. Box 197
Mount Vernon, GA 30445

What is Meningococcal disease?

1. Meningococcal disease is a serious disease that can lead to death within only a few hours of onset; one in ten cases is fatal; and one in seven survivors of the disease is left with a severe disability, such as the loss of a limb, mental retardation, paralysis, deafness, or seizures;
2. Meningococcal disease is contagious but a largely preventable infection of the spinal cord fluid and the fluid that surrounds the brain;
3. Scientific evidence suggests that college students living in dormitory facilities are at a moderately increased risk of contracting meningococcal disease; and
4. Immunization against meningococcal disease will decrease the risk of the disease.

The Georgia State Law permits "the student or if the student is a minor, the student's parent or legal representative, to sign a waiver stating that he/she has received and reviewed the information on Meningococcal Disease, and detailed information on the risks associated with Meningococcal Disease and on the availability and effectiveness of any vaccine. More information can be found on the National Meningitis Association website - www.nmaus.org

I have reviewed the risks associated with the disease, including the effectiveness and availability of any vaccine against Meningococcal Disease and:

_____ I choose to be vaccinated against Meningococcal Disease. The vaccine can be given at the Toombs County Health Department, located in Lyons, GA. For more information please call 912-526-8108.

_____ I choose not to be vaccinated against Meningococcal Disease.

_____ I have completed the Meningococcal vaccine.

Name (Please Print): _____ DOB: _____

Student Signature: _____ Date: _____

Passport country and number: _____