



MENINGITIS IMMUNIZATION WAIVER FORM

UPLOAD COMPLETED FORM INTO THE SECURE STUDENT HEALTH WEB PORTAL: myhealth.salisbury.edu
Salisbury University Student Health Services, Holloway Hall Room 180, 1101 Camden Avenue, Salisbury, Md 21801
FAX: 410-548-4101 • EMAIL: Studenthealth@Salisbury.edu

TO BE COMPLETED BY ON-CAMPUS STUDENTS REQUESTING AN EXEMPTION

Name: (Last) _____ (First) _____ (MI) _____

_____ Date of Birth: _____

Country

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NOTE: If the Student is under age 18, a parent/guardian must sign the waiver.

Dear Student: