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**University of Pittsburgh at Bradford  
Student Health Services  
Meningitis Vaccine Waiver Form**

*Resident students **must** complete and return this form prior to moving into campus housing.*

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name, Middle Initial

**I have reviewed the meningitis information provided by the University  
and have chosen not to be vaccinated as of this date.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**\*\*\*If student is under the age of 18, a parent or guardian must sign below:**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

If you decide you are interested in receiving the meningitis vaccine, please review the following. For students who are covered by health insurance, contact your local physician to learn more about how you can be vaccinated against meningitis. For those students without health insurance coverage, call your local or state health department to see how you can receive a meningitis vaccine.

Authority for collection of this information is 35 P.S. § 633.1 *et seq* and can be found at:  
<https://www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2002&sessInd=0&act=83#>

Meningococcal Disease Fact Sheet:

<https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/Bacterial%20Meningitis.pdf>

Updated August 30, 2023