Pennsylvania College of Technology
PENNSTATE

One College Avenue
Williamsport, PA 17701-5799

570-326-3761
www.pct.edu

MENINGITIS VACCINATION VERIFICATION FORM

Student's Name _____ Date of Birth _____

PCT ID#_____ Telephone ( )_____

Address _____

Parent or Guardian (if under 18) _____

Student Signature: _____

___ I have received the meningitis vaccine as follows.

Medical Facility information where vaccination was received:

Name of Medical Facility and/or physician: _____

Date of meningitis vaccination: ___/____/_____ Phone #: _____

Facility address: _____

City: _____ State: _____ Zip Code: _____

Signature of Health Care Provider: _____ Date: _____

___ I am exempt from the meningitis vaccine due to possible health risks and I am providing documentation from my physician.

***Please attach medical documentation from your physician and return to College Health Services**

___ I am exempt from the meningitis vaccine due to a medical or religious belief. I have requested Exemption to the College and University Student Vaccination Act.

***Please attach documentation of your religious belief and provide documentation from your religious leader**

Meningitis Vaccination Verification Form must be sent to College Health Services ten (10) days prior to move in.

A 2002 Pennsylvania law requires all students living in College-owned housing in the state to either be vaccinated against meningococcal disease or sign an exemption form.
To view the details of the College and University Student Vaccination Act see the following site:
The College and University Student Vaccination Act