



Student Advisory & Health Administration Office

Effective August 2005, the Commonwealth of Massachusetts is requiring that all new students read the State information pertaining to Meningococcal disease and provide one of the following:

- Documentation of one dose of Meningococcal vaccine received within the past five years;
- A letter from a physician stating that there is a medical reason why you can't receive the vaccine;
- A statement in writing that such vaccination is against your sincere religious belief; or
- A signed waiver (www.tufts.edu/saha look under forms in the menu) stating that you have received information about the dangers of Meningococcal disease, reviewed the information provided and elected to decline the vaccine.

If you choose to be vaccinated, you may use the form below for documentation by your health care provider or submit other documentation with proof of vaccination.

Meningococcal Immunization Form

Name: _____
Last First

Student ID or SSN #: _____

Tufts' School: _____
Dental, Medical, Nutrition, Sackler or Veterinary

Program(s) _____ Class: _____

Meningococcal Vaccine Date: ____/____/____

X _____
Health Care Provider's Signature Date

Print Name Phone Number

Address

Please return this Form by mail to:

Tufts University, Student Advisory & Health Administration Office
200 Harrison Avenue, 4th floor Posner Hall
Boston, MA 02111
Or, by fax: 617-636-2708