

**Texas Wesleyan University
Health Center
1201 Wesleyan Street
Fort Worth, TX 76105
817-531-4948 phone
817-531-4948 fax**

Bacterial Meningitis Statement

It is enacted by the Legislature of the State of Texas Section 1 Subchapter Z, Chapter 51, Education Code Section 51.9191 that each new or transfer student of an institution of higher education shall be provided with information regarding Bacterial Meningitis.

Please check the appropriate space and sign below.

I have been vaccinated against the meningococcal disease already.
Date Vaccinated _____.

I have not been vaccinated, but desire to be vaccinated and have been referred to the Tarrant County Public Health Department @ 817-321-4700.

I *do not choose* to be vaccinated against the meningococcal disease.

With this waiver, I voluntarily agree to release, discharge, indemnify, and hold harmless Texas Wesleyan University, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my decision to not be vaccinated against meningitis. I also understand that in the event of a disease outbreak at the university I may have to be excluded for my protection and the protection of other students at the university.

Signature

Date