

**MENINGITIS VACCINATION/WAIVER INVENTORY**

(ALL HOUSE RESIDENTS NEED TO SIGN THIS FORM)

CHAPTER: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME	SIGNATURE	UID #	Have you been vaccinated or signed a waiver?		If YES, please circle which applies	
			YES	NO	vaccinated	waiver
1.			YES	NO	vaccinated	waiver
2.			YES	NO	vaccinated	waiver
3.			YES	NO	vaccinated	waiver
4.			YES	NO	vaccinated	waiver
5.			YES	NO	vaccinated	waiver
6.			YES	NO	vaccinated	waiver
7.			YES	NO	vaccinated	waiver
8.			YES	NO	vaccinated	waiver
9.			YES	NO	vaccinated	waiver
10.			YES	NO	vaccinated	waiver
11.			YES	NO	vaccinated	waiver
12.			YES	NO	vaccinated	waiver
13.			YES	NO	vaccinated	waiver
14.			YES	NO	vaccinated	waiver
15.			YES	NO	vaccinated	waiver
16.			YES	NO	vaccinated	waiver
17.			YES	NO	vaccinated	waiver
18.			YES	NO	vaccinated	waiver
19.			YES	NO	vaccinated	waiver
20.			YES	NO	vaccinated	waiver
21.			YES	NO	vaccinated	waiver
22.			YES	NO	vaccinated	waiver
23.			YES	NO	vaccinated	waiver
24.			YES	NO	vaccinated	waiver
25.			YES	NO	vaccinated	waiver
26.			YES	NO	vaccinated	waiver
27.			YES	NO	vaccinated	waiver
28.			YES	NO	vaccinated	waiver
29.			YES	NO	vaccinated	waiver
30.			YES	NO	vaccinated	waiver
31.			YES	NO	vaccinated	waiver
32.			YES	NO	vaccinated	waiver
33.			YES	NO	vaccinated	waiver
34.			YES	NO	vaccinated	waiver
35.			YES	NO	vaccinated	waiver
36.			YES	NO	vaccinated	waiver
37.			YES	NO	vaccinated	waiver
38.			YES	NO	vaccinated	waiver