



ALLEGHENY COLLEGE

WINSLOW HEALTH CENTER
520 North Main Street
Meadville, PA 16335

TETANUS, DIPHTHERIA and PERTUSSIS WAIVER

IF STUDENT IS OVER THE AGE OF 18:

I, _____, have received and reviewed information on tetanus, diphtheria and pertussis, and the availability and effectiveness of its vaccine from Allegheny College. I choose not to be vaccinated against this disease.

Signature

Date

IF STUDENT IS UNDER THE AGE OF 18:

I, _____, have received and reviewed information on tetanus, diphtheria and pertussis, and the availability and effectiveness of its vaccine from Allegheny College. I choose not to have _____, my minor child/ward vaccinated against this disease.

Signature of Parent or Guardian

Date