

## I have reviewed this information and ...

- I intend to receive the meningococcal vaccine.
- I DO NOT intend to receive the meningococcal vaccine.
- I have already received the meningococcal vaccine.

Print name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Sign and return with your License Agreement documents to be considered for on-campus housing.

Make sure you are up-to-date on other immunizations so you can stay healthy while at school: measles, mumps, rubella, tetanus, diphtheria, pertussis, hepatitis b, hepatitis a and varicella.