EMORY UNIVERSITY | Student Health Services
Campus Life

State of Georgia Meningococcal Vaccination Acknowledgement Form for Students Living in On-Campus Housing

(State of Georgia Code 31-12-3.2, 2017)

Student Name: _____ Student ID #: _____ Date of Birth: ____/____/_____

Name of Residence Hall (or other on-campus housing facility): _____

By my signature below (or by the signature of my parent or guardian if I am under 18 years of age), I acknowledge that:

- I have received and reviewed information from Emory University regarding meningococcal disease, including meningococcal meningitis, a contagious but largely preventable infection of the spinal cord fluid and fluid around the brain;
- I understand that meningococcal disease is a serious disease that can lead to death within only a few hours of onset, that 1 in 10 cases is fatal, and that 1 in 7 survivors of the disease is left with a severe disability such as loss of a limb, mental retardation, paralysis, deafness or seizures;
- I understand that college students living in residence halls, particularly freshmen, are at a moderately increased risk of contracting meningococcal disease;
- I understand that two types of meningococcal vaccinations exist (Meningococcal ACWY and Meningococcal B) that will decrease, but not totally eliminate, the risk of contracting meningococcal disease;
- I understand that both meningococcal vaccinations are available on a fee-for-service basis to all enrolled Emory students at Emory University Student Health Services, and that students interested in vaccination can schedule a vaccination appointment through their Patient Portal or call (404) 727-7551.

I also acknowledge the following (please check all that apply):

- ❑ I have already been vaccinated against meningococcal ACWY disease. Date of vaccination: _____
- ❑ I have already been vaccinated against meningococcal B disease. Date of vaccination: _____

- ❑ I have reviewed the information provided, and I plan to receive one or both meningococcal vaccines, either at Emory University Student Health Services or at another healthcare provider.

- ❑ I have reviewed the information provided and I decline to receive one or both meningococcal vaccines at this time.

_____ or _____ _____

Student signature | *Parent or Guardian signature if student is under age 18* | *Relationship*

April 2018