



Emory University Student Health Services

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

(State of Georgia Code 31-12-3-1, effective 1/1/2004)

Student's Name: _____ Date: _____

Student ID # (all digits): _____ 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 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 an immunization exists that will decrease, but not totally eliminate, the risk of contracting meningococcal disease;
- I understand that 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 call (404) 727-7551 to schedule a vaccination appointment.

I also acknowledge the following (please check one):

- I have already been vaccinated against Meningococcal disease. Date: _____
- I have reviewed the information provided, and I plan to be vaccinated against Meningococcal disease, either at Emory University Student Health Services or at another healthcare provider.
- I have reviewed the information provided and I decline to be vaccinated against Meningococcal disease at this time.

Signed: _____
(Signature of Student)

or

Signed: _____ Relationship: _____
(Signature of Parent or Guardian, if Student is a Minor)