



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

(State of Georgia Code 31-12-3.2, 2019)

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 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 at or after age 16 (**required**).
Date of vaccination: _____
- I have already been vaccinated against Meningococcal B disease (**recommended**).
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. (If this box is checked, a medical or religious exemption must be completed through the Student Patient Portal).

Student signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Relationship (if student is under age 18) _____