

MENINGOCOCCAL FORM

Student Name: _____

Social Security Number: _____

I have received information about the Meningococcal Disease, the effectiveness of the Meningococcal Tetravalent conjugate vaccine "Menactra" (preferred) and the Tetravalent polysaccharide "Menomune" (acceptable alternative vaccine if the conjugate is not available) and the vaccines availability. Yes _____ No _____

If you are a first time Centenary College student and will reside on campus, you are required to receive the vaccine before moving into your resident hall.
This legislation was passed by the State of New Jersey in 2004.

RESIDENT: YES NO DATE VACCINATED: _____

_____Meningococcal Tetravalent Conjugate - "Menactra" (preferred)

_____Meningococcal Tetravalent Polysaccharide "Menomune" (accepted alternative)

I have decided not to receive the vaccine: _____

STUDENT SIGNATURE: _____ DATE : _____

This survey will become part of the student's health record and is required by New Jersey Law P.L.2000c25.