

MENINGOCOCCAL RISK ACKNOWLEDGEMENT

All students entering Vincennes University for the first time must meet the immunization requirements of the University and Indiana Code 20-12-71 enacted by the 2002 Indiana General Assembly. Under these requirements a post-secondary institution in which an individual intends to enroll shall provide detailed information on the risks associated with Meningococcal disease and the availability and effectiveness of the meningitis vaccine.

I acknowledge that I have read the information provided concerning the risks associated with Meningitis, a communicable and potentially life-threatening disease. Although this immunization is not mandatory, I recognize that it is strongly recommended.

Signature: _____
Student at least eighteen (18) years of age

Printed Name: _____

Date of birth: _____

OR

Signature: _____
Parent or guardian, if student is less than eighteen (18) years of age

Date: _____

****Please complete this acknowledgement and submit with the enclosed Student Immunization/Health forms to complete your immunization record****