



Center for Health & Counseling Services

505 Ramapo Valley Road, Mahwah, NJ 07430-1680

Phone:

Counseling Services: 201-684-7522

Health Services: 201-684-7536

www.ramapo.edu

NAME: _____

Student ID: R _____

MENINGOCOCCAL POLYSACCHARIDE VACCINE

_____ I have read the enclosed literature regarding meningitis and the availability of the meningococcal polysaccharide vaccine. I understand that as a college student who will be residing on campus, I am required to have this vaccine.

_____ I have read the enclosed literature regarding the meningitis and the availability of the meningococcal polysaccharide vaccine. As a commuter student, I have decided that I will not receive this vaccine at the current time. Should I decide to receive this vaccine at a later date, I will forward proof of immunization to the Health Services Office.

Student Signature

Date

Parent or Guardian Signature

Date