



Last Name _____

First Name _____

Date of Birth _____

W&J Student ID# _____

Home Address

Address _____

City _____

State _____

Zip _____

Please check the statement that applies to you.

I have received the meningitis vaccine on ____/____/____.
Month Day Year

I will receive the meningitis vaccine prior to my arrival on campus at W&J College.

I have read and understood the information concerning meningitis, and I decline the meningitis vaccine at this time. If I decide in the future that I want the vaccine, I am responsible for obtaining it.

Signature _____

Date _____

If the student is under 18 years old, to be signed by parent or legal guardian.

Please return this form to...

W&J Gateway
Washington and Jefferson College
60 South Lincoln Street
Washington, PA 15301
Fax: (724) 229-5143