

Dear Student:

Before you begin your academic year at Marymount College, be sure to read the letter addressed to your parent(s) regarding meningitis. All colleges and universities, including Marymount College, urge all students (especially those who plan to live in the College Residences) to receive the meningococcal vaccine.

For more information visit the ACHA website at www.acha.org/meningitis and the CDC website at www.cdc.gov/ncidod/diseases/submenu/sub_meningitis.htm or ask your health care provider or contact the Marymount College Student Health Center.

Students who plan to live in the Marymount College Residence Halls must complete and return this form to the college in the enclosed envelope. Please check one of the following that applies to you and then sign below:

I have reviewed the enclosed the information and...

_____ I **intend to** receive the meningococcal vaccine:

_____ at my private physician's office.

_____ at the Marymount College Student Health Center.

(A fee of \$95 will apply to receive the vaccine at the Student Health Center.)

_____ I **do not** intend to receive the meningococcal vaccine.

_____ I **have received** the meningococcal vaccine and verification (dates & physician signature) is enclosed.

Student Name (print)

_____/_____/_____
Date of Birth (mm/dd/yy)

Student Signature

_____/_____/_____
Today's Date (mm/dd/yy)