

Student Name: \_\_\_\_\_  
(please print)

**Please indicate the statement that applies and sign your name at the bottom.**

\_\_\_\_\_ I have received the meningitis vaccine.

Date Received: \_\_\_\_\_

\_\_\_\_\_ I have read and understand the information about meningitis, and  
decline the vaccine at this time.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under 18)