

If you have completed this form for a prior semester, you do not need to complete it again.

MENINGOCOCCAL VACCINE DOCUMENTATION

UNIVERSITY HOUSING RESIDENTS ONLY: If you reside or plan to reside in University Housing, you must carefully read and complete this form.

Last Name:	First Name:	Middle Initial:
Wildcat ID #:	Date of Birth:	

Mark box if you attended a KANSAS high school.

It is the policy of the Board of Regents of the State of Kansas that incoming students residing in student housing at a Regents' Institution be vaccinated for meningitis or sign a waiver refusing receipt of the meningitis vaccine. Kansas State University is a Regents' Institution and is subject to this policy. See your housing contract, under vaccinations/immunizations.

This form is provided by Kansas State University's Lafene Health Center to all students in an effort to collect documentation of receipt of the Meningococcal Vaccine or a waiver regarding the vaccine. Please read the Federal Center's for Disease Control educational material regarding the hazards and risks of meningitis disease and the meningococcal vaccine at www.cdc.gov/vaccines. Complete this form and return to LAFENE HEALTH CENTER, 1105 SUNSET AVE, MANHATTAN KS 66502. This information is confidential and shall be used by Kansas State University to track compliance with the current Meningococcal Vaccine policy.

ON-CAMPUS provider, KSU Lafene Health Center administered my vaccine on _____ (date).

OFF-CAMPUS provider administered my vaccine.

Provider Name: _____

Street Address: _____

City, State & Zip: _____

Provider Phone Number: _____

Menomune Vaccine Date administered: _____ (date)

Menactra Vaccine Date administered: _____ (date)

Menveo Vaccine Date administered: _____ (date)

If the date your vaccine was administered is 5 years ago or longer, a booster is required.

Provider Signature: _____

(ATTACH PROOF OF VACCINATION WITH DATE & TYPE OF VACCINE.)

WAIVER. I have read the educational information provided to me with this form about the risks of contracting meningitis and have refused the vaccination.

Student Signature: _____ Date: _____