



MENINGOCOCCAL

RISK ACKNOWLEDGEMENT

All students entering the University of Southern Indiana for the first time must meet the immunization requirements of the University and Indiana Code 21-40-5 enacted by the 2007 Indiana General Assembly. Under these requirements, a postsecondary institution in which an individual intends to enroll shall provide detailed information on the risks associated with Meningococcal disease and the availability and effectiveness of the vaccine.

I acknowledge that I have read the information provided concerning the risks associated with two communicable, life-threatening diseases, Meningococcal. Although this immunization is not mandatory, I recognize that it is strongly recommended.

Name: _____ Date: _____

Date of Birth: _____ SSN: _____ Student ID#: _____

Signature: _____
Student at least eighteen (18) years of age

OR

Signature: _____
Parent or guardian, if student is less than eighteen (18) years of age

*****Please complete this acknowledgement and submit with the Student Immunization Form to complete your immunization record.***

THIS FORM MUST BE RETURNED