



## MENINGOCOCCAL RISK ACKNOWLEDGEMENT

**A #:** \_\_\_\_\_ **Name:** \_\_\_\_\_  
*(Please Print)*

All students entering Vincennes University for the first time must meet the requirements of the University and Indiana Code 21-40-5 enacted by the 2007 Indiana General Assembly. Under these requirements, a post- secondary 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 meningitis vaccine.

I acknowledge that I have read the information provided concerning the risks associated with Meningitis, a communicable and potentially life-threatening disease. Although this vaccination is not mandatory, I recognize it is strongly recommended.

**Signature:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

(Parent or guardian if student less than eighteen years of age)

**\*\* Please complete this acknowledgement and submit along with your immunization records to complete your immunization requirements \*\***