

# College Student Meningococcal Vaccine Consent Form

## Student Information

Full Name

Date of Birth

Student ID

Email Address

Address

Phone Number

## Vaccine Information

Vaccination Date

Vaccine Type/Manufacturer

Dose Number

## Consent



I have read and understand the information provided to me about the meningococcal vaccine. I consent to receive the meningococcal vaccine.

Signature (Student or Guardian)

Date

## For Clinic Use Only

Administered By

Notes