

Colorado Christian UNIVERSITY

Meningitis Vaccine Request Form

****Complete this form only if you want you/your student to receive this vaccination through Colorado Christian University Health Services Clinic. Please call the clinic to schedule an appointment for the vaccination. ****

Name:	Student ID#:
Date of Birth:	Telephone #:

My signature below hereby indicates my consent to receive this vaccination. If I am not 18 years of age at the time of the vaccination, my parent/guardian is required to sign this consent as well.

Signature of Student: _____

Signature of Parent (if a minor): _____

To be completed day of vaccination:

1. Are you pregnant Yes No
2. Are you allergic to thimerosal (a derivative of mercury) Yes No
3. Do you presently have an acute illness Yes No

Signature of Nurse administering vaccine: _____

Date: _____

Vaccine Manufactured: Adventis Pasteur
Vaccine Lot #: _____
Exp. Date: _____
Injection site: Deltoid <input type="radio"/> R <input type="radio"/> L

****Vaccination fee is \$115.00. Make checks payable to Colorado Christian University****

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Healthservices@ccu.edu ● P: 303.963.3365 ● 800.44.FAITH Ext. 3230 ● F: 303.301.8365