

Harrison Health Center
St. John's College
PO Box 2800
Annapolis, MD 21404

MENINGOCOCCAL VACCINE PRE-PAYMENT FORM

Pre-ordering and Pre-paying for the meningococcal vaccine guarantees you a reserved dose August 24, 2011 from 8:30 a.m. to 12 noon at the time of registration.

Please print-

Student Name- Last Name

First Name

Date of Birth

SS#

Pre-Order/Pre-Pay Meningococcal vaccine: \$106

Enclosed is my pre-payment check to St. John's College:

Amount _____

I understand that Pre-ordering and Pre-paying for the meningococcal vaccine will only guarantee me a reserved dose at the time of registration. In the event that I cannot arrange to attend at the scheduled time, I will be asked to sign a statement pledging completion of immunization within 2 weeks of registration. I may be asked to withdraw from the college if I do not comply.

Please note: you will be asked to remain at the Health Center for 15 minutes after receiving the injection in order to observe for any adverse reaction.

Student Signature _____ Date: _____

Parent/Guardian (if under age 18) _____ Date: _____

Please return this form, payment, and completed Health Form to:

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