



**State of Georgia Meningococcal Vaccination Acknowledgement Form for Students Living  
in On-Campus Housing**  
(State of Georgia Code 31-12-3.2, 2019)

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Residence Hall (or other on-campus housing facility): \_\_\_\_\_

By my signature below (or by the signature of my parent or guardian if I am under 18 years of age), I acknowledge that:

- I have received and reviewed information from Emory University regarding meningococcal disease, including meningococcal meningitis, a contagious but largely preventable infection of the spinal cord fluid and fluid around the brain.
- I understand that meningococcal disease is a serious disease that can lead to death within only a few hours of onset, that 1 in 10 cases is fatal, and that 1 in 7 survivors of the disease is left with a severe disability such as loss of a limb, mental retardation, paralysis, deafness, or seizures.
- I understand that college students living in residence halls, particularly first year students, are at a moderately increased risk of contracting meningococcal disease.
- I understand that two types of meningococcal vaccinations exist (Meningococcal ACWY and Meningococcal B) that will decrease, but not eliminate, the risk of contracting meningococcal disease.
- I understand that both meningococcal vaccinations are available on a fee-for-service basis to all enrolled Emory students at Emory University Student Health Services, and that students interested in vaccination can schedule a vaccination appointment through their Patient Portal or call (404) 727-7551.

I also acknowledge the following (please check all that apply):

- I have already been vaccinated against Meningococcal ACWY disease at or after age 16 (**required**).  
Date of vaccination: \_\_\_\_\_
- I have already been vaccinated against Meningococcal B disease (**recommended**).  
Date of vaccination: \_\_\_\_\_
- I have reviewed the information provided and do not have access to this vaccine in my country at this time. I plan to receive one or both meningococcal vaccines, either at Emory Student Health Services or at another healthcare provider.
- I have reviewed the information provided and I decline to receive one or both meningococcal vaccines at this time. (If this box is checked, the medical or religious exemption form must be completed through the Student Patient Portal).

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Printed Name \_\_\_\_\_

Relationship (if student is under age 18) \_\_\_\_\_