

Harrison Health Center St. John's College 60 College Avenue Annapolis, MD 21401

Meningococcal Vaccine

For those incoming students who have not been immunized

| Pre-registering for the meningococcal vaccine guarantees you a reserved dose August 20 , 2014 from $8:30$ a.m. to 12 p.m. at the time of registration. | |
|--|---|
| STUDENT LAST NAME (PLEASE PRINT) | FIRST NAME |
| DATE OF BIRTH | SS# |
| of registration. In the event that I cannot a statement pledging completion of immunization from the college if I do not comply. | ococcal vaccine will only guarantee me a reserved dose at the time arrange to attend at the scheduled time, I will be asked to sign a attion within two weeks of registration. I may be asked to withdraw the Health Center for 15 minutes after receiving the injection in |
| STUDENT SIGNATURE | DATE |
| | |
| PARENT/GUARDIAN (IF UNDER AGE 18) | DATE |

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

Harrison Health Center St. John's College 60 College Avenue Annapolis, MD 21401