

CONFIRMATION OF MENINGOCOCCAL VACCINATION

Please complete one (1) of the three (3) immunization options listed below and return this form to your child's school as soon as possible. Your child will not be allowed to remain in school unless this form has been completed and returned to the school. Thank you for your cooperation.

() The student listed below has received the required meningococcal vaccination:

Student's Name: _____

Grade: _____ School: _____

Date of vaccination: _____

Parent's Signature: _____

Physician's Signature: _____

() _____ (Student's name) will not be receiving the meningococcal vaccination because it is medically contra-indicated.

Physician's Signature: _____

Date: _____

() _____ (Student's name) will not be receiving the meningococcal vaccination because it is contrary to our religious convictions.

Parent's Signature: _____

Date: _____