University of Pittsburgh at Bradford
Meningococcal Vaccine Form

Resident students **must** complete and return this form prior to moving into campus housing.

_________________________            ____________________________
Last Name          First Name, Middle Initial

Check one line only:

☐ I have received the meningococcal conjugate vaccine. (MCV4 – also known as Menveo or Menactra), **administered at age 16 or older. Proof Required.**

☐ I have reviewed the meningitis information provided by the University and have chosen not to be vaccinated as of this date.

____________________________                                        ____________________
Student Signature      Date

If you decide you are interested in receiving the meningitis vaccine, please review the following. For students who are covered by health insurance, contact your local physician to learn more about how you can be vaccinated against meningitis. For those students without health insurance coverage, call your local or state health department to see how you can receive a meningitis vaccine.

**Return to: Student Health Services, University of Pittsburgh at Bradford, 300 Campus Drive, Bradford, PA 16701 Fax: 814-362-7514**

Authority for collection of this information is 35 P.S.§ 633.1 *et seq.*

Updated 07/28/17