

**CHRISTOPHER NEWPORT UNIVERSITY
HEALTH & WELLNESS SERVICES**

1 University Place
Newport News, VA 23606-2998
Phone: 757-594-7661
Fax: 757-594-8853

MENINGITIS VACCINE ORDER FORM

Attention: Have you ever had:

1. an allergic response to a previous vaccine _____Yes _____No
2. or are allergic to any components of this vaccine:
* Aluminum * Antibiotics * Latex
* Formaldehyde * Thimerosal * Monosodium glutamate (MSG)
* Egg protein which is found in vaccines prepared using chick embryos. _____Yes _____No

****** If you answered yes to any of these questions, you will need your physician's consent for us to order and administer this vaccine.**

Name: _____ Date of Birth: _____
(Please print)

Student ID Number: _____

Local Address: _____
_____ City: _____

Telephone: (Residence) _____ Cell : _____

I am ordering: _____ number of doses of **Menactra****

**** Please read and sign: After the vaccine has been ordered, there will be no refunds.**

The clinic will notify you by telephone when the vaccine arrives and will assist you at that time for making an appointment for receiving your vaccine.

Signature: _____ **Date:** _____/_____/_____

Total Due: \$107

Paid by: Cash: _____ Check#: _____ Captains: _____ Credit: _____ Debit: _____

Date faxed: _____ **Staff initials:** _____

Date received: _____

Date student notified that vaccine arrived: _____

Spoke to student: _____

Left vm : _____

Left message with: _____ Dates of subsequent attempts to contact student: _____ Staff _____
_____ Staff _____