

Meningitis Immunization Pre-Payment Form

The West Liberty University Student Health Service can order and administer the meningitis vaccine if your son/daughter has not already received it. To guarantee availability of the vaccine, please complete this form designating the type of Meningitis Vaccine you wish your child to receive and return it to the address listed below. The vaccine will be ordered after students arrive on campus. Students will be notified by campus e-mail during the first few weeks of school about the time and place to receive the injection. If your student is under 18 years of age when school starts, please print off and sign the Under 18 Consent Form and mail it to the address below along with this form.

PLEASE PRINT

Student Name: _____
Date of Birth: _____ Student ID: _____
Cell phone: _____ E-mail address: _____
Parent name: _____

____ Please pre-order the Meningitis vaccine Menactra® (A,C,Y,W) at a cost of \$115

*Proof of vaccination to Meningitis ACYW is required for On-Campus Housing at WLU.

____ Please pre-order the Meningitis B vaccine Bexsero®. This is a 2-dose series at a cost of \$160 each (Total of \$320) *Recommended, but not required.

I will pay by:

____ Check (Made out to West Liberty University)

Check Number _____

____ Charge to Student Account

Please return this form and payment to:

West Liberty University
Business Office CUB 109
208 University Drive
CUB 103
West Liberty, WV 26074

**BUSINESS OFFICE USE
ONLY**

Date received: _____