

Cabrini College  
Health Services

**Meningococcal Immunization Pre-Order Form**

*(Please print)*

Pennsylvania Law requires institutions of higher education to prohibit residency to students unless they have received meningococcal vaccination or signed a waiver to indicate that they have been informed about the disease and have chosen not to be vaccinated. Please talk with your primary care provider about receiving the meningococcal vaccine. If you wish to be immunized but are having difficulty obtaining the vaccine through your health care provider, you may be vaccinated on campus after school begins. Complete the information below and return this form with your health records. Once the vaccine is ordered, you are obligated to pay for it. Appointments will be set up for you to receive your vaccine.

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Student Name

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Date of Birth

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Student ID Number

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Student's Signature

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Student Phone Number

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Parent/Guardian Signature

**I would like to receive through Cabrini College Health Services**

Meningococcal vaccine

**I would like my son/daughter to receive through Cabrini College Health Services**

Meningococcal vaccine

**I understand I may pay by (approximate cost \$100):**

Cash/Check

Charge to Student Account

**Please return this form to:**

Cabrini College Health Services  
610 King of Prussia Road  
Radnor, PA 19087