



OFFICE OF STUDENT LIFE

Meningococcal Awareness Form

(Act 1233 of 1999)

NAME _____ ASUB ID NUMBER: _____

Act 1233 of 1999 of the State of Arkansas (Ark. Stat. Ann. § 6-61-123) requires all colleges and universities to advise students and their parents or guardians of the increased risk of the potentially fatal meningococcal disease and the local availability to receive the vaccination for students living in on-campus housing.

Please notice interested students may be able to receive the meningococcal vaccination at the local Arkansas Department of Health office:

White County Health Unit - Beebe
306 Gum Street
Beebe, AR 72012

By signing this form, I acknowledge that I have been advised of the potential risk of contracting the meningococcal disease while living in a communal living environment and the local availability to receive the vaccination for the meningococcal disease.

Resident Signature

Date