

Vaccination Reservation and Prepayment Form

I, _____, _____
Student's Last Name, First Name, Middle Initial EKU Student ID#

want to order the following vaccination(s) to be administered at EKU's Student Health Services:

(Check all that apply)

Type	Cost per dose	# of doses required	Total Cost
_____ Meningitis	\$100.00	1	\$100.00
_____ Hepatitis B	\$30.00	3	\$90.00
_____ Flu	\$15.00	1	\$15.00
_____ MMR (Mumps, Measles, Rubella)	\$50.00	1-2	\$50.00 - \$100.00
_____ Gardasil	\$132.00	3	\$396.00
_____ Pertussis	\$39.00	1	\$39.00
_____ Varicella	\$85.00	2	\$170.00

I am enclosing a personal check, or money order, made out to Eastern Kentucky University, in the amount of \$_____ to cover the cost of the vaccines requested. *(Please include student's name and EKU ID # on check).*

Vaccine Schedule

- Meningitis: Single dose given anytime.
- Hepatitis B: First shot given at anytime; second dose, one month after first dose; third dose given five months after the second dose.
- Flu vaccine: Mid-October to mid-November of each year, but can be taken up to mid-March.
- MMR: One-two doses, given 28 days apart.
- Gardasil: First dose given anytime; second dose 2 months after first dose; third dose 4 months after second dose.
- Pertussis: Single dose given anytime.
- Varicella: Two doses, given 28 days apart.

****No vaccines are given if significant illness or fever is present.**

I understand that it is my responsibility to check-in with Student Health Services, located in Rowlett 103, on EKU's main campus (859-622-1761) upon my arrival to campus, to confirm the administration dates and times, and availability of the vaccines.

Student Signature: _____ Date: _____ Phone # _____

Students under 18 years of age require a Parent/Guardian Signature:

Parent/Guardian Signature: _____ Date: _____ Phone# _____

Mail or take completed form with payment to:

EKU Student Accounting, SSB CPO 60
 521 Lancaster Avenue
 Richmond, KY 40475-3150