YELLOW FEVER
Pre-Order, Pre-Payment Form

When: **Schedule your appointment with our office <u>FOR TWO WEEKS AFTER</u> you place your vaccination order.**

Where: The College of New Jersey, Student Health Services, 107 Eickhoff Hall

What: Yellow Fever Vaccine (YF-VAX)™ manufactured by Sanofi Pasteur

Why:
- Yellow Fever is recommended for students traveling to areas of high risk for Yellow Fever Transmission.
- Yellow Fever is present in parts of South America and parts of Africa.
- Yellow Fever is a one dose vaccination and is expected to provide lifelong immunity.
- You will receive a certificate of Yellow Fever Vaccination. This certificate is as important as your passport and social security card and should be stored in a safe place so it is not lost or stolen. It WILL NEED TO BE PRESENTED when entering or exiting countries with Yellow Fever Vaccination requirements.

Cost: <u>$190.00</u>
(We can accept cash, personal checks, Visa/Mastercard, ApplePay or Discover)

How:
1. **Please read the Vaccine Information Sheet (VIS) on Yellow Fever.**
2. **Complete the order form below and bring to Student Health Services - Eickhoff Hall Room 107.**
3. Bring with you a form of payment for your vaccinations.
4. Schedule an appointment to receive your <u>first dose one week after you drop off your payment</u>.
5. **Payment is NONREFUNDABLE.**

Questions: Contact Student Health Services at 609-771-2889 or by e-mail at health@tcnj.edu.

----------✂----------**cut here** ----------✂----------

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Print clearly

_____ _____
Student's Last Name Student's First Name Student TCNJ PAWS ID #

_____ (_____)_____
Date of Birth Cell Phone #

☐ **I request that you order One Dose of Yellow Fever Vaccine (YF-VAX)™ manufactured by Sanofi Pasteur at a cost of $190**

Please schedule your first appointment for 2 weeks after you place your vaccination order.
Please read the Vaccine Information Sheet (VIS) on Yellow Fever.

ACKNOWLEDGEMENT OF TERMS AND CONDITIONS - PLEASE READ AND SIGN:
Your signature below indicates that you are directing us to order the Yellow Fever Vaccine (YF-Vax)™. Your signature also indicates that you understand that PAYMENT IS NONREFUNDABLE.

Student Signature: _____ Date: _____