

 The College of New Jersey  
**Student Health Services**  
Eickhoff Hall 107  
P.O. Box 7718  
Ewing, N.J. 08628-0718  
Phone: (609)771-2889



**Gardasil® Vaccine Pre-Payment and Order Form**

*(please print)*

_____	_____	_____
Last Name	First Name	Student ID
_____	_____	(      )
Date of Birth	Age	Telephone number where you can be reached

**ACKNOWLEDGEMENT OF TERMS AND CONDITIONS - PLEASE READ AND SIGN:**

I am requesting that TCNJ Student Health Services order one dose of Gardasil® HPV Vaccine for me from the manufacturer. I understand that Gardasil® is given as 3 injections (doses) over 6 months. I also understand that if I change my mind or choose to obtain the vaccine elsewhere, my money will NOT BE REFUNDED.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If student is under 18 years of age)

Please bring this form, along with payment (cash, personal check, GetIt Card, credit card (Visa, MasterCard or Discover) to Student Health Services.