MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires all college students enrolled for at least six credits per semester complete the following:

RETURN COMPLETED FORM TO ADDRESS AT TOP OF PAGE

STUDENT INFORMATION

Name _________________________________________________________________________

Last          First

Date of Birth ________________________         Student ID #  

Mailing address _________________________________________________________________

Street

_________________________________________________________________

City      State            Zip Code

Email ______________________________________       Phone __________________________

Check one box and sign below.

☐ I had a Meningococcal ACWY immunization within the past 5 years. Medical documentation required.  
[Note:  The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least 1 dose of Meningococcal ACWY vaccine not more than 5 years before enrollment. Young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College students should discuss the Meningococcal B vaccine with a healthcare provider.]

☐ I read, or have had explained to me, the information regarding meningococcal disease. To access this information, go to: www.newpaltz.edu/healthcenter/forms.html and click on the Meningococcal Disease Fact Sheet. I understand the risks of not receiving the vaccine. I have decided, I (my child) will not obtain immunization against Meningococcal ACWY disease.

Signed ________________________________________________    Date __________________

To be completed and signed by parent/guardian if student is a MINOR 3/2017