



New Paltz
STATE UNIVERSITY OF NEW YORK

Student Health Service ▪ Division of Student Affairs
1 Hawk Drive ▪ New Paltz, NY 12561-2443 ▪ 845-257-3400 ▪ Fax 845-257-3415
healthservice@newpaltz.edu

MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires all college students taking 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 #

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Mailing address _____
Street

City State Zip Code

Email _____ Phone _____

CHECK ONE BOX AND SIGN BELOW after reading the Meningococcal Disease Fact Sheet.

To access this information, go to: www.newpaltz.edu/healthcenter/forms.html and click on the fact sheet.

I have (for students under the age of 18: My child has) had the meningococcal meningitis immunization within the past 10 years

Date received _____

I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal meningitis disease.

Signed _____ Date _____

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