

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

## RETURN COMPLETED FORM TO ADDRESS AT TOP OF PAGE

If you had a Meningitis ACWY Vaccine in the last 5 years and have sent documentation to SUNY New Paltz Student Health Service **YOU DO NOT NEED TO SEND THIS FORM**.

## STUDENT INFORMATION

|  | Last   |  | First   |
|--|--|--|---|
|  |  |  |   |
| Date of Birth  |  | Student ID #   | N   |
| Mailing address  |  |  |   |
| -  |  | Street   |   |
| <del></del>  | City   | State  | Zip Code  |
| Email  |  | Phor   | ne  |
| [Note: The Advisory Com  | mittee on Immunizatio  | on Practices recommends  | <b>5 years.</b> Medical documentation red<br>that all first-year college students up to   |
| [Note: The Advisory Com<br>years should have at least<br>aged 16 through 23 years  | mittee on Immunization  1 dose of Meningococo  may choose to receive   | on Practices recommends<br>ccal ACWY vaccine not mo<br>the Meningococcal B vac   | •   |
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