



## 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

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.

- 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](http://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

8/2023