



MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires that all college students taking at least six credits per semester at SUNY New Paltz must complete the following:

Please note that according to NYS Public Health Law, no institution shall permit any student to attend the institution in excess of 30 days without complying with this law. The 30 day period may be extended to 60 days if a student can show a good faith effort to comply.

RETURN COMPLETED FORM TO ADDRESS AT TOP OF PAGE

STUDENT INFORMATION

Name _____
Last First

Date of Birth _____ Student ID #

N									
---	--	--	--	--	--	--	--	--	--

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: _____ (medical documentation required)

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