



## 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 # 

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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 3/2017