



Meningococcal Meningitis Vaccination Response Form

New York State Public Health Law 2167 requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following form to Five Towns College.

Check one box and sign below.

I have (for students under the age of 18: My child has):

- had the meningococcal meningitis immunization (Menomune™ or Menactra) within the past 10 years.
Date received: _____
- read, or have had explained to me, the information regarding meningococcal meningitis disease. I (my child) will obtain immunization against meningococcal meningitis **within 30 days** from my private health care provider.
- 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 _____
(Parent / Guardian sign **if** student is a minor)

Date _____

Print Student's Name _____

Student
Date of Birth ____ / ____ / ____

Student
E-mail address _____

Student ID# _____

Student
Mailing Address _____

Student
Phone Number (____) _____