MENINGOCOCCAL VACCINATION RESPONSE FORM

New York State Public Health Law 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 the Davis Health Center, SUNY Canton.

Check one box and sign below.

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

□ had meningococcal immunization within the past 5 years. The vaccine record is attached.

[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, preferably on or after their 16th birthday, and that young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.]

□ read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal disease. I understand that I can change this decision any time and that the vaccine may be obtained through my provider or local health department

Signed ____________________________________________ Date ______________________

(Parent / Guardian if student is a minor)

Print Student’s name ____________________________________________ Student __________________ /

Student Date of Birth __________________ /

E-mail address ____________________________________________ Student ID# __________________

Student

Mailing Address ____________________________________________

Student

Phone number __________ (____ )

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