

**Davis Health Center
Miller Campus Center 004
SUNY Canton
Canton, New York 13617
Phone: (315) 386-7333 FAX: (315) 386-7932**

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 _____
(Parent / Guardian 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 _____ () _____