

MENINGITIS RESPONSE

Name:	ID#/ A
Birth Date:	Phone: ()
Residence Hall Student: Yes or No (circle one)	Address:

MENINGITIS VACCINE INFORMATION AND RESPONSE

New York Public Health Law 2167 requires colleges to provide all students with information on meningitis and the meningitis vaccines for students, or parents or guardians of students under the age of 18. The institution is required to maintain a record of the following for each student: A vaccine record indicating at least 1 dose of meningococcal ACWY vaccine within the last 5 years or a complete 2- or 3-dose series of Meningococcal B vaccine, or a signed response form indicating that the student will not obtain immunization against meningococcal disease.

MENINGITIS IMMUNIZATIONS

Dates of Meningococcal ACWY vaccines within the past 5 years: #1: _____ #2: _____

Dates of Meningococcal B vaccine : #1: _____ #2: _____ #3: _____

Signature/Stamp of Health Care Provider: _____ Date: _____

RESPONSE

I have read, or have had explained to me, the information regarding meningococcal disease: <https://www.health.ny.gov/publications/2168/>

I understand the risk of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal disease. I understand this does not prevent me (my child) from receiving the vaccine in the future.

Student (parent if minor child) Signature: _____ Date: _____