



**Student Health Center**  
Counseling, Health and Wellness Center  
Ravine Parkway  
State University of New York  
Oneonta, New York 13820-4015  
(607) 436-3573 Web: [oneonta.edu/development/health](http://oneonta.edu/development/health)

**MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM**

New York State Public Health Law requires that all college and university students enrolled in 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 Student Health Center, SUNY Oneonta, Ravine Parkway, Oneonta, NY 13820.

*Please note that according to NYS Public Health Law 2167, no institution shall permit any student to attend the institution in excess of 30 days without complying with this law. The 30 day period may be extended to 60 days if a student can show a good faith effort to comply.*

Check one box and sign below.

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

- had the Meningococcal meningitis immunization ( Menomune,  Menactra or  Menveo) immunization within the past 10 years
  
- Date received: \_\_\_\_\_
  
- Refusal:** I have read, <http://www.oneonta.edu/development/health/meningitis.asp> or 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 the immunization against meningococcal meningitis disease.

\_\_\_\_\_  
**Student Signature, or parent/guardian if student is under 18 years of age**                      **Date**

Print Student's name: \_\_\_\_\_ Student Date of Birth \_\_\_/\_\_\_/\_\_\_

Student ID#: \_\_\_\_\_

Student Phone Number: (\_\_\_\_) \_\_\_\_\_

**Note: For those who want to receive the vaccine, check with your primary care provider or your county public health department**