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 student's 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.