

Meningococcal Meningitis Vaccination Response Form

New York State Public Health Law 2167 requires that all college and university students complete and return the form below. Please return it with your registration material. If we do not receive this form, you will be blocked from attending classes and from subsequent registrations.

PRINT STUDENT'S INFORMATION:

First and Last Name _____ Date of Birth __/__/__

College Name _____ SSN _____

Address _____ Email _____

Home phone number (____) _____ Work number (____) _____

Check one box and sign below:

I have:

- received the information regarding the meningococcal meningitis disease and vaccine and I have decided that I will not obtain immunization against meningococcal meningitis disease.
- received the information regarding meningococcal meningitis disease and vaccine. I have received the meningococcal meningitis immunization (Menomune TM) within the past 10 years.

Date Received: _____

Signed _____ Date _____
(student)