

## **MENINGOCOCCAL MENINGITIS 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 the following:

### **Check one box and sign below**

I have:

had the meningococcal meningitis immunization (Menactra™) within the past 5 years. Date received: \_\_\_\_\_

read, or have had explained to me, the information regarding meningococcal meningitis. I will obtain immunization against meningococcal meningitis **within 30 days** from my private health care provider, \*Student Health, or other health facility.

read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I will **not** obtain immunization against meningococcal meningitis disease.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

\* The SHC health provider will write a prescription for the vaccine to be filled at the MSH pharmacy for \$20