



Student/Employee Health Service

### Meningococcal Meningitis Vaccination Response Form

New York State Public Health Law requires that all college and university students enrolled for at least six semester hours or the equivalent per semester, or at least four semester hours per quarter, complete and return the following form to SUNY Downstate Medical Center, Student-Employee Health Service. You will not be able to register unless the Student-Employee Health Service receives this form.

#### Check one statement and sign below.

I have

\_\_\_\_\_ had meningococcal meningitis immunization within the past 5 years.

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

\_\_\_\_\_ read 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 \_\_\_\_\_ Phone Number \_\_\_\_\_

Student Mailing Address \_\_\_\_\_

Student e-mail Address \_\_\_\_\_

Questions or comments: [immunize@health.state.ny.us](mailto:immunize@health.state.ny.us)

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