



THE STATE UNIVERSITY *of* NEW YORK

MENINGITIS INFORMATION 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 and return the following form to:

**FIT Health Services Office
Seventh Avenue at 27 Street
A Building, #402**

Please note that according to NYS Public Health Law, 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 within the past 10 years.
Date received: _____

[Note: If you (your child) received the meningococcal vaccine available before February 2005 called Menomune™, please note this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine called Menactra™ should be considered within 3 – 5 years after receiving Menomune™.]

- read, or have had explained to me, the information regarding meningococcal meningitis disease. My child (I) will obtain immunization against meningococcal meningitis **within 30 days** from my private health care provider or other health care 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 my child (I) will **not** obtain immunization against meningococcal meningitis disease.

Signed _____
(Parent / Guardian if student is a minor)

Date _____

Print Student's name _____

Student _____ / _____ / _____
Date of Birth

Student E-mail address _____

Student ID# _____

Student Mailing Address _____

Student Phone number () _____