

# THE CITY UNIVERSITY OF NEW YORK

## MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law 2167 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 your college campus health office within thirty days, or you will be blocked from registration and from attending classes.

### PRINT STUDENT'S INFORMATION

First & Last Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

College Name \_\_\_\_\_ Social Security # \_\_\_\_\_

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

Phone number ( ) \_\_\_\_\_

### Check one box and sign below.

I have (for students under the age of 18: My child has):

- received the information regarding meningococcal meningitis disease and vaccine, including information regarding the availability and cost of the meningococcal meningitis vaccine. I have decided that I (my child) will **not** obtain immunization against meningococcal meningitis disease.
- received the information regarding meningococcal meningitis disease and vaccine, including information regarding the availability and cost of the meningococcal meningitis vaccine. I received the meningococcal meningitis immunization (Menomune™) within the past 10 years. Date received: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Student)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent / Guardian if student is a minor)