

# 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) hours per quarter, complete and return the following form to St. Joseph's College.

**Check one box and sign below.**

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

- A. Had the meningococcal meningitis immunization (Menomune) within the past ten years. Date received: \_\_\_\_\_
- B. Read, or have had explained to me, the information regarding meningococcal meningitis disease. I (my child) will obtain immunization against meningococcal meningitis within 30 days from my private health care provider.
- C. 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 (my child) will **not** obtain immunization against meningococcal meningitis disease.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Print Student's name \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

Student's e-mail address \_\_\_\_\_

Student ID # \_\_\_\_\_

Student's Mailing Address \_\_\_\_\_

Student's Phone number (\_\_\_\_) \_\_\_\_\_