

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

(Please see information included on the other side of this sheet.)

New York State Public Health Law requires that all college and university students **complete and return the following form to the College Registrar's Office.**

Check one box and sign below.

I have:

- had the meningococcal meningitis immunization (Menomune™) within the past 10 years.
Date received: _____

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

- 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.

Signature _____

Date _____

Print Name _____

Date of Birth _____

E-mail address _____

SSN or Touro ID# _____

Mailing address _____

Phone # _____
