Meningococcal Meningitis Vaccination Response/Waiver Form

New York State Public Health Law requires that all college and university students enrolled for at least 6 credit hours (except for classes fully online) complete and return the following form to SUNY Broome Student Health Services.

**Check one box and sign below.**

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

□ had meningococcal immunization within the past 5 years. The vaccine record is attached.

[Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least 1 dose of Meningococcal ACWY vaccine not more than 5 years before enrollment, preferably on or after their 16th birthday, and that young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.]

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

□ read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will **not** obtain immunization against meningococcal disease.

Signed Date

(Parent / Guardian if student is a minor)

Print Student’s name Student / /

Date of Birth

Student

E-mail address Student ID#

Student

Mailing Address

Student Phone Number: ( )

8/22

