

Cayuga Community College
College Health Services
(315)-255-1743, ext 2203/2249
(315)-592-4143, ext 2203/2249/3008
Fax: (315)-253-0063

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, **complete and return** the following form to:

College Health Services Office
Cayuga Community College
197 Franklin Street
Auburn, NY 13021

CHECK ONE BOX AND SIGN BELOW:

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

had meningococcal meningitis immunization within the past 10 years.
MenomuneTM (Meningococcal polysaccharide vaccine)Date: _____

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

MenactraTM (Meningococcal conjugate vaccine).....Date: _____

MenveoTM (Meningococcal conjugate vaccine).....Date: _____

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*** (or my child) ***will NOT obtain immunization*** against meningococcal meningitis disease.

SIGNATURE: _____ Date: _____
(Parent/Guardian signature if student is a minor (under 18 years of age))

Print Student's name _____

Student date of birth ____/____/____

Student E-mail address _____

Social Security # _____

Student mailing address _____

Student phone number (____) _____