



Meningococcal Meningitis Vaccination Response Form

Health Services Office

AUBURN CAMPUS 197 Franklin Street Auburn, NY 13021 Tel: (315) 294-8503 Fax: (315) 253-0063

New York State Public Health Law 2167 requires that all college and university students enrolled in at least six (6) semester hours on campus, or the equivalent per semester, select one of the following statements and provide a signature.

(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 16-23 may choose to receive Meningococcal B vaccine series. College students should discuss the Meningococcal B vaccine with a healthcare provider.)

COMPLETE AND RETURN FORM TO:

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

CHECK ONE & SIGN BELOW:

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

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

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 at this time. I understand that I may choose to seek vaccination in the future.

SIGNATURE _____ **DATE** _____

Signature of Student (or Parent/Guardian if student is under 18)

Print Student's Name _____

Date of Birth ____/____/____

Student E-mail Address _____

C# _____

Student Phone # _____