



Student/Employee Health Service

Meningococcal Meningitis Vaccination Response Form

New York State Public Health Law requires that all college and university students enrolled for at least six semester hours or the equivalent per semester, or at least four semester hours per quarter, complete and return the following form to SUNY Downstate Medical Center, Student-Employee Health Service. You will not be able to register unless the Student-Employee Health Service receives this form.

Check one statement and sign below.

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

_____ had meningococcal meningitis immunization within the past 10 years.

Date received: _____

(NOTE: If you (your child) received the meningococcal vaccine available before February 2005, called Menomune™, please note this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine, called Menactra™, should be considered within 3-5 years after receiving Menomune™.)

_____ 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 _____

(Parent/Guardian if student is a minor)

Print Student's Name _____
Date of Birth _____ Phone Number _____
Student Mailing Address _____
Student e-mail Address _____

Questions or comments: immunize@health.state.ny.us Revised March 2009