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

_____ had meningococcal meningitis immunization within the past 5 years.

Date received: _______________________

_____ read 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.

Signed________________________________ Date________________

Print Name________________________________________ Phone Number________________________
Student Mailing Address______________________________
Student e-mail Address_______________________________

Questions or comments: immunize@health.state.ny.us Revised October 2016

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