



MENINGOCOCCAL VACCINATION RESPONSE FORM

New York State Public Health Law 2167 requires that all college and university students enrolled in 6 or more credit hours provide a completed meningococcal meningitis response form. Failure to provide this required information will result in a classroom restriction. Please read the fact sheet provided regarding meningococcal meningitis and/or visit www.cdc.gov/meningitis for additional information.

[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.]

Student Name: _____ Student Date of Birth: _____

Mailing Address: _____

Student Phone: _____ Student ID: _____

Must check one box and sign below:

I have had the meningococcal vaccination within the past 5 years
Date of vaccination: _____ / _____ / _____ (must attach record of vaccination)

I have read or had explained to me the information regarding meningococcal disease. I understand the risk of not receiving the vaccine. I will not obtain immunization against meningococcal disease.

Signed: _____ **Date:** _____
(Student Signature or Parent/Guardian if student is under 18 years old)

Please return form by mail, fax, or in person to:

Onondaga Community College
Attn: Student Central / Immunizations
4585 W. Seneca Turnpike
Syracuse, NY 13215
Phone: 315-498-2000
Fax: 315-469-9270