



# MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

(Please retain a copy for your files)

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, or at least four (4) semester hours per quarter, complete and return the following form to:

### Undergraduate students

#### **The Office of Undergraduate Admission**

Wunsch Building  
MetroTech Campus  
Brooklyn, NY 11201

Undergraduate Admission Phone: 718-637-5955  
Undergraduate Admission Fax: 718-260-3446

### Graduate students

#### **The Graduate Center**

6 MetroTech Center RM 102  
Brooklyn, NY 11201

Graduate Center Tel: 718-260-3182  
Graduate Center Fax: 718-260-3624

### **Check one box and sign below.**

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

- had the meningococcal meningitis immunization (Menomune™) within the past 10 years.  
**Date received:** \_\_\_\_\_
- [Note: The vaccine’s protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3-5 years.]
- read, or have had explained to me, the information regarding meningococcal meningitis disease. My child (I) will obtain immunization against meningococcal meningitis **within 30 days** from my private health care provider.
- 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 my child (I) will **not** obtain immunization against meningococcal meningitis disease.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent / Guardian if student is a minor)

### **Student Information:**

Student’s name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Please print)

Student Email address: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Student Mailing address: \_\_\_\_\_

Student Phone Number: ( ) \_\_\_\_\_