



MENINGOCOCCAL VACCINATION RESPONSE FORM

Student's Name: _____ M00: _____

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, complete and return the following form.

PLEASE REVIEW THE MENINGOCOCCAL DISEASE FACT SHEET, THEN CHECK ONE BOX AND SIGN BELOW:

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

- Had a Meningococcal ACWY immunization within the five years prior to the date of college entry and have attached the vaccine record.**

Please Note: The current medical recommendation is that all first-year college students, up to age 21 years, should have at least one dose of Meningococcal ACWY vaccine not more than five years before enrollment, preferably on or after their 16th birthday. This may be listed as Menactra, Menveo, MCV4, Menomune or MPV4 on the vaccine record. Young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series as well (Trumemba or Bexsero). College students should discuss the Meningococcal B vaccine with their healthcare provider.]

- Decided that I (or my child) will not obtain immunization against meningococcal disease.**

I have read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine. I also understand this does not prevent me (or my child) from receiving the vaccine in the future, from my private health care provider, local health department or the Monroe County Health Department's Immunization Clinic at 111 Westfall Rd, Rochester, NY 14620. Phone 585-753-5150.

Student's Signature: _____
(Parent or Guardian signature if student is under age 18)

Date: ____ / ____ / ____