

## MENINGOCOCCAL VACCINATION RESPONSE FORM

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** this form by August 1<sup>st</sup> – fall admission **OR** January 1<sup>st</sup> – spring admission.

**Mail:** SUNY Polytechnic Institute  
Wellness Center  
100 Seymour Road  
Utica, NY 13502

**OR**

**FAX:** 315.792.7371

*Please note that according to NYS Public Health Law, no institution shall permit any student to attend the institution in excess of 30 days without complying with this law. The 30 day period may be extended to 60 days if a student can show a good faith effort to comply.*

### Check one box and sign below.

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

- had meningococcal immunization within the past 5 years. The vaccine record is attached.  
[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 16<sup>th</sup> 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.]
- read, or have had explained to me, the information regarding meningococcal disease. I (my child) will obtain immunization against meningococcal disease **within 30 days** from my private health care provider or another health care provider of their choice.
- read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will **not** obtain immunization against meningococcal disease.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (**If student is a minor**) \_\_\_\_\_ Date \_\_\_\_\_

Print Student's name \_\_\_\_\_ Student \_\_\_\_\_ / /

Student Date of Birth \_\_\_\_\_

E-mail address \_\_\_\_\_ Student ID# \_\_\_\_\_

Student Mailing Address \_\_\_\_\_

Student Phone number ( ) \_\_\_\_\_