

MENINGOCOCCAL VACCINATION RESPONSE FORM

First Name:	Last Name:
Date of Birth:	Student ID#:

New York State Public Health Law 2167 requires that all college students enrolled in 6 or more credit hours either provide proof of the meningitis vaccination (administered within the last 5 years) **OR** decline the meningitis vaccination. Students will be restricted from classes if this information is not received within 30 days from the beginning of the semester.

[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 health care provider.]

Check one box and complete requested information:

A: Meningitis Vaccination – recommended (1 Dose Men ACWY or 2 doses Meningococcal B)
<input type="checkbox"/> I have attached the meningococcal vaccination record received within the past 5 years
Meningococcal Vaccination Date(s) _____ / _____ / _____ _____ / _____ / _____ <i>(administered in the past 5 years – must attach vaccine record)</i>

OR

B. Meningitis Vaccination Declination
<input type="checkbox"/> I have read, or had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal /meningitis disease.
Signature _____ Date _____ <i>(For students under the age of 18, a parent or guardian must sign)</i>

Please return form to:
Onondaga Community College
Attn: Student Central / Immunizations
4585 W. Seneca Turnpike
Syracuse, NY 13215
Fax: 315.498.2851
Email: immunizations@sunyocc.edu