

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, complete and return the following form to the Immunization Requirements Office located at 0710 James Hall.

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 U.S. 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.]

- ☐ 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 the Brooklyn College Health Clinic located at 114 Roosevelt Hall.
- ☐ 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.

Signed _____
(Student OR Parent /Guardian if student is a minor)

Date _____

Print Student's name _____

Student _____ / ____ / ____
Date of Birth

Student
E-mail address _____

Student EMPLID# _____

Student
Mailing Address _____

Student
Phone number () _____