

SARANAC LAKE | MALONE | TICONDEROGA

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 the following form to [enter name of college/university health center].

The Advisory Committee on Immunization Practices recommends that all first-year college students up to 21 years of age have at least 1 dose of Meningococcal ACWY (MenACWY) vaccine (Brand names: Menactra, Menveo) not more than 5 years before enrollment, preferably on or after the 16th birthday.

Young adults 16 through 23 years of age may choose to receive the Meningococcal B (MenB) vaccine series (Brand names: Trumenba, Bexsero). College and university students should discuss the MenB vaccine with a healthcare provider.

Check one box and sign below.

I have (for students under the age of 18 years refers to the parent or legal guardian) received and reviewed the information regarding meningococcal disease.

- ☐ I (My child) had meningococcal immunization (MenACWY and/or MenB) within the past 5 years. The vaccine record is attached.
- ☐ I (My child) will obtain meningococcal immunization **within 30 days** from my private health care provider or [ENTER NAME OF COLLEGE HEALTH CENTER OR OTHER HEALTH FACILITY].
- ☐ I understand the risks of meningococcal disease and the benefits of immunization at the recommended ages. I have decided that I (my child) will **not** obtain immunization against meningococcal disease at this time.

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

Date: _____

Student's Name (Print): _____

Student Date of Birth: _____

Student E-mail address: _____

Student Mailing Address: _____

Student Phone number: (_____) _____ Student ID#: _____