

UPSTATE MEDICAL UNIVERSITY

Employee/Student Health

Jacobsen Hall, 4th Floor
175 Elizabeth Blackwell St.
Syracuse, NY 13210

Telephone: 315-464-5470 Fax: 315-464-5471

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 the Upstate Student Health office with all health information.

Check one box and sign below.

I have:

- 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 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 alternative health care provider by referral from the Student Health Office.
- 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: _____ Date: _____

Print name: _____ Date of Birth _____

Address: _____

E-mail Address: _____ Telephone: _____