

MENINGITIS INFORMATION 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:

Director of Health Services, healthservices@sunycgcc.edu
Columbia-Greene Community College
4400 Route 23 • Hudson, NY 12534

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. .

Check one box and sign below.

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

- ☐ Had the meningococcal meningitis immunization (Menactra™, Menveo™) within the past 5 years.
Date received: _____
[Note: If you (your child) received the meningococcal vaccine available before February 2005 called Menomune™, please note this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine called Menactra™ or Menveo™ should be considered within 3-5 years after receiving Menomune™.]
- ☐ Read, or have 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.

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

Student's name _____ Student Date of Birth _____

Student E-mail address _____ Student ID Number _____

Student Mailing Address _____

Student Phone Number _____