

MENINGOCOCCAL MENINGITIS 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 equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following form to Cayuga Health at Ithaca College, 953 Danby Road, Ithaca NY 14850.

I have, or my child (parent complete if child is a minor, under the age of 18) has 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 at this time.

Student's Signature: _____
(parent/guardian if student is a minor)

Date: _____

Print Student's Name: _____

Student's
Date of Birth: _____

Student's Email Address: _____

Student's ID Number: _____

Student's Mailing Address: _____

Student's Phone Number: _____