



ITHACA COLLEGE

Student Health Services

**MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM**

Ithaca College in accordance with New York State Public Health Law requires that all college and university students either receive vaccination for Meningitis, or 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.

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html>

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent/guardian if student is a minor)

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: \_\_\_\_\_