



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 the equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following forms to New York Chiropractic College.

Check one box and sign below:

I have:

had the meningococcal meningitis immunization (Menomune™) within the past 10 years.
Date received: _____

read, or have had explained to me, the information regarding meningococcal meningitis disease. I will obtain immunization against meningococcal meningitis within 30 days from my private health care provider.

read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving this vaccine. I have decided that I will not obtain immunization against meningococcal meningitis disease.

Signature: _____
name of student

Date: _____

Print Student's name: _____

Student ID# _____