



HEALTH CENTER Granito Bldg.

470 Western Highway, Orangeburg, NY 10962

FAX: (845) 359-7227
Phone: (845) 848-7918

MENINGOCOCCAL MENINGITIS VACCINE
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 Dominican College Health Center at the above address.

*** MENINGITIS VACCINE IS REQUIRED FOR ALL ATHLETES AND RESIDENT STUDENTS *
IT IS OPTIONAL FOR ALL OTHER STUDENTS AT THIS CURRENT TIME**

Check one box and sign below.

I have:

- had** the Meningococcal Meningitis Immunization. Date received: _____*
***Documentation by your healthcare provider required.**

- 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.

Sign: _____ Date: _____
(Parent/Guardian if Student is under 18 years of age)

Print Student's Name: _____ Date of Birth: _____

Student E-Mail Address: _____ Student ID # _____

Student Mailing Address: _____

Student Phone #: (_____) _____