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, complete and return the following form to St. Bonaventure University. Completion of this requirement is due within the first 30 days of attendance.

Please check one box and sign below.

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

☐ had the meningococcal meningitis immunization (Menomune®/Menactra™) within the past 10 years.
  Date received: ______________

☐ 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.

Signature ___________________________________________ Date____________
Student (or Parent / Guardian if student is a minor)

Print Student’s name ________________________________ Student ___/___/_____
Date of Birth

Student E-mail address________________________________________

Student Mailing Address_______________________________________
  ____________________________________________

Student Phone number(s) ________________________________

Meningococcal Disease information sheet is included for your reference.