



MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

Maria College, 700 New Scotland Avenue, Albany, NY 12208

Fax 518-730-9623 / registrar@mariacollege.edu

STUDENT INFORMATION		
Last Name:	First:	Middle:
Birth date: / /	Home Phone Number: ()	Cell Phone Number: ()
Street address:		
City:	State:	ZIP Code:
Email address:		

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 Maria College, Registrar's Office.

CHECK ONE BOX AND SIGN BELOW	
<input type="checkbox"/>	I have had the meningococcal meningitis immunization (Menonune) within the past 10 years. Date Received: _____
<input type="checkbox"/>	I have 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 will not obtain immunization against meningococcal meningitis disease.

REQUIRED SIGNATURE

Student Signature

Date