



MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

Upload this completed form to the electronic health record database as directed by your program

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 Office.

The Advisory Committee on Immunization Practices recommends that all first-year college students up to 21 years of age have at least 1 dose of Meningococcal ACWY (MenACWY) vaccine (Brand names: Menactra, Menveo) not more than 5 years before enrollment, preferably on or after the 16th birthday.

Young adults 16 through 23 years of age may choose to receive the Meningococcal B (MenB) vaccine series (Brand names: Trumenba, Bexsero). College and university students should discuss the MenB vaccine with a healthcare provider.

Check one box and sign below.

I have received and reviewed the information regarding meningococcal disease.

- ☐ I had meningococcal immunization (MenACWY and/or MenB) within the past 5 years. The vaccine record is attached.
- ☐ I understand the risks of meningococcal disease and the benefits of immunization at the recommended ages. I have decided that I will **not** obtain immunization against meningococcal disease at this time.

Signed: _____
(Student)

Date: _____

Student's name (Print): _____

Date of Birth: _____