

Plattsburgh

STATE UNIVERSITY OF NEW YORK

MENINGITIS INFORMATION 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:

Center for Student Health and Psychological Services
SUNY Plattsburgh
101 Broad Street
Plattsburgh, NY 12901

IMPORTANT NOTE: According to NYS Public Health Law, no institution shall permit any student to attend the institution in excess of 30 days without complying with this law.

Check appropriate boxes and sign below.
I have (for students under the age of 18: My child has)...

had the meningococcal meningitis immunization within the past 10 years.

Date received: _____ Menomune Menactra

NOTE: If you received the meningococcal vaccine available before February 2005 called Menomune™, please note this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine called Menactra™ should be considered within 3-5 years after receiving Menomune™.

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.

STUDENT INFORMATION

Student's Signature _____ Date _____
(Parent / Guardian signature, if student is a minor)

Student's Name (printed) _____ Date of Birth ____/____/____

E-mail address _____

Banner ID# _____ or NetID# _____

Street address _____

City _____ State _____ ZIP _____

Phone number _____