

# Plattsburgh State

## 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  
Plattsburgh State University  
101 Broad Street  
Plattsburgh, NY 12901

**Please note that 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 one box and sign below.**

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

- had the meningococcal meningitis immunization (Menomune™) 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.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent / Guardian if student is a minor)

Student's name \_\_\_\_\_ Student  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Student E-mail address \_\_\_\_\_ Student  
Banner # \_\_\_\_\_  
and/or

Student Mailing address \_\_\_\_\_ Student Social Security Number:  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Student  
Phone number \_\_\_\_\_

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