

STUDENT'S NAME (please print) Last _____ First _____ Date _____

MENINGOCOCCAL 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, or at least four (4) semester hours per quarter, complete and return the following form to: Purchase College Health Service

735 Anderson Hill Road, CCS – LL
Purchase, New York 10577-1402
FAX (914) 251-6388
hse@purchase.edu

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. The 30-day period may be extended to 60 days if a student can show a good faith effort to comply.

Please read the [Meningitis Disease Fact Sheet](#)

Check one box and sign below.

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

- have had Meningococcal ACWY immunization within the past 5 years. The vaccine record is attached or has been previously submitted to Purchase College Health Services.

[Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least 1 dose of Meningococcal ACWY vaccine not more than 5 years before enrollment, preferably on or after their 16th birthday, and that young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.]

- read, or have had explained to me, the information regarding meningococcal disease. I (my child) will obtain immunization against Meningococcal ACWY disease **within 30 days** from my private health care provider or Purchase College Health Services.
- read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will **not** obtain immunization against meningococcal disease.

Signed _____
(Parent / Guardian if student is a minor)

Date _____