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 Hartwick College.

Check one box and sign below.

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

☐ had meningococcal immunization within the past 5 years. The vaccine record is attached.

[*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 disease **within 30 days** from my private health care provider or Hartwick College. (cost $120.00)

☐ 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.

☐ Completed the two dose series of Quadrivalent meningococcal vaccine. My last dose was greater than 5 years ago. I have read, or have had explained to me, the information regarding meningococcal disease. I understand the risks and I have decided that I (my child) **will decline** to recieve a booster dose of the immunization against meningococcal disease.

_____ _____/_____/_____
Signed (by Student) OR (Parent/Guardian if student is a minor) **Date**

_____ _____/_____/_____
Print Student's name (last, first, middle) **Student Date of Birth**

_____ _____
Student email address **Student college ID #**

_____
Student mailing address (street, city, state, zip)

_____
Student phone number