



MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

Maria College, 700 New Scotland Avenue, Albany, NY 12208, Fax (518) 453-1366

STUDENT INFORMATION			
Last name:		First:	Middle:
Birth date:	Social Security Number:	Home Phone Number:	Cell Phone Number:
Street address:			
City:		State:	ZIP Code:
E-Mail Address:			

New York State Public Health Law requires that all college and university students enrolled or 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, Office of Student Records.

CHECK ONE BOX AND SIGN BELOW	
<input type="checkbox"/>	I have had the meningococcal meningitis immunization (Menonune) within the past 10 years. Date Received: _____
<input type="checkbox"/>	I have 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 will not obtain immunization against meningococcal meningitis disease.

REQUIRED SIGNATURES	
_____	_____
<i>Student Signature</i>	<i>Date</i>