Meningococcal Meningitis Response Form

Empire State University maintains compliance with New York State Public Health Law 2167 which requires colleges and universities to provide information about meningococcal disease and vaccination to all students, regardless of age, and maintain a meningitis vaccination record or signed response form for each student enrolled for at least six (6) semester hours or the equivalent per semester.

Empire State University's policy regarding NYS Public Health Law 2167 is to inform applicants of the requirement at the point of application/admission to the college and to registered students at the beginning of each term.

We require that you:

1. Review Information about Meningococcal Meningitis located at www.esc.edu/immunizations and

2. Submit vaccination records verifying you have had at least one dose of meningococcal ACWY vaccine within the last five years or a complete two-or-three dose series of MenB or

3. Decline vaccination against meningococcal meningitis with your printed name, signature, date of birth, date and student ID# below.

I, (print) __________________________________________________________, have read, or had explained to me, the information regarding meningococcal disease located at www.sunyempire.edu/immunizations.

I understand the risks of not receiving the vaccine. I have decided that I will not obtain immunization against meningococcal meningitis.

____________________________________________________________
Student signature

________________________________________
Student date of birth    MM/DD/YYYY

____________________________________
Date

________________________________________
Student ID#

SUBMIT THIS FORM AND ALL SUPPORTING DOCUMENTATION TO

immunizations@sunyempire.edu or fax 518-587-9759