



**SULLIVAN**  
 COUNTY COMMUNITY COLLEGE  
 S · U · N · Y

## 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:

Sullivan County Community College  
 112 College Road  
 Loch Sheldrake NY 12759-5151  
 Attn: Health Services

***This vaccine is not required to attend Sullivan County Community College, however, this form IS required by New York State Public Health Law, to be signed and kept on file in the Student Health Services Office.***

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: \_\_\_\_\_ **Please attach proof from your health care provider.**
- 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.

Signed by Student \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

(Parent / Guardian if student is a minor)

Student's name \_\_\_\_\_

Student \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Student E-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Student ID# \_\_\_\_\_  
 (if available)

Student Mailing Address \_\_\_\_\_

Student Phone number (       ) \_\_\_\_\_