



SUNY Sullivan
 Student Health Services
 112 College Road
 Loch Sheldrake, NY 12759
 (845) 434-5750 ext. 4247
 Fax: (845) 434-3628
 Email: Healthservices@sunysullivan.edu

REQUIRED HEALTH FORM
Please Return to Health Services

SUNY SULLIVAN 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:**

SUNY Sullivan Health Services
112 College Road
Loch Sheldrake, NY 12759

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.

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.

Signature: _____
 (Parent/Guardian if student is Under 18)

Date: _____

Print Student Name: _____

Student Date of Birth: ____/____/____

Student Email: _____

Student ID#: _____

Student Mailing Address: _____

Student Phone Number: _____