MONROE COLLEGE

MENINGOCOCCAL MENINGITIS RESPONSE FORM

New York State Public Health Law 2167 requires all post-secondary institutions to distribute 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. If you wish to obtain a vaccination against this disease, contact the **Office of Student Health and Wellness** or your primary care physician for availability and cost.

You can find more information about meningococcal disease and vaccination:

- **www.monroecollege.edu/Campus-Life/Student-Support/Health-Services**
- **www.health.ny.gov/publications/2168**

TO BE COMPLETED AND SIGNED BY THE STUDENT OR PARENT/GUARDIAN IF STUDENT IS A MINOR:

Check one box and sign below:

☐ I (my child) have had the meningococcal meningitis immunization:

☐ The vaccine record is attached.

1. **MenACWY** (within the last five years) Date received: ____ / ____ / _____ (MM / DD / YYYY)
2. **MenB/Bexsero** (complete two dose series)
   Date received: ____ / ____ / _____ (MM / DD / YYYY) Date received: ____ / ____ / _____ (MM / DD / YYYY)
3. **MenB/Trumenba** (complete three dose series)
   Date received: ____ / ____ / _____ (MM / DD / YYYY) Date received: ____ / ____ / _____ (MM / DD / YYYY) Date received: ____ / ____ / _____ (MM / DD / YYYY)

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.

☐ 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 (my child) will not obtain immunization against meningococcal meningitis disease.

Print Name: _____ Date of Birth: _____ (MM/DD/YYYY) College ID: _____

Student Signature _____ Date _____ (MM/DD/YYYY)

Parent / Guardian Signature _____ (Under 18) Relationship to Student _____

Health Care Provider: _____ Signature & Stamp: _____

Date: _____ (MM/DD/YYYY) License # _____ Phone # _____

AUTHORIZATION FOR TREATMENT FROM MONROE COLLEGE HEALTH SERVICES

The undersigned patient and/or responsible relative or person, hereby consents to and authorizes Monroe College Office of Student Health and Wellness clinicians, Monroe College Sports Medicine Department clinicians, and medical personnel to administer or perform any and all medical examinations, treatments, designated procedures, vaccinations, and immunizations against diseases or injuries which may be now or during the course of care deemed necessary or advisable.

Student Name _____ Date _____ (MM/DD/YYYY)

Student Signature _____ Parent / Guardian Signature _____ (Under 18)

OFFICE OF STUDENT HEALTH AND WELLNESS

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