

MENINGITIS RECORD

_____ / _____
Semester Year

Student Information -- To be completed by the student --			
Name (please print): _____ <i>Last name First name M.I.</i>			
Complete Address: _____			
Date of Birth	EMPL ID #	Daytime phone	Email address
____/____/____ <i>mm dd yyyy</i>	_____	() _____	_____

Part 1: Meningococcal Meningitis

Instructions: Please check one box in Section A below and sign and date in Section B

A. 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. _____
mm dd yyyy

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 and will submit proof of this the Student Health Services at the City College of New York.

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.

B. _____
Student (Parent/Guardian Signature if student is under 18 years) _____
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.]

Additional information is also available on the following websites:

- www.health.state.ny.us (New York State Department of Health)
- <http://www.cdc.gov/vaccines/vpd-vac/> (Centers for Disease Control and Prevention)

- For Student Health Services Staff Use Only -		
Processed by:		
Staff Name: _____	Staff Signature: _____	Date: _____

TO SUBMIT IMMUNIZATION RECORDS

BY FAX: (212) 650-8227

BY EMAIL: shs@ccny.cuny.edu

BY MAIL: SHS – Marshak Science Building, 160 Convent Avenue, New York, NY 10031

