

**Student Health
Form 3**
Return To:
Student Health
Services



Office Use Only
Re: _____
Sent: _____
Rec. By: _____

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 this form to:

Student Health Services
Davis College
400 Riverside Drive
Johnson City, NY 13790

As of January 1, 2006, Davis College **requires** that **ALL** Freshmen living in the college campus housing be vaccinated against meningococcal meningitis. This is in keeping with the recommendations of the Centers for Disease Control (CDC), the Advisory Committee on Immunization Practices (ACIP) and the American College Health Association (ACHA).

High School students taking six (6) credits or more on campus *must also* show proof of having had this vaccine prior to registration.

Other college students under age 25 may choose to receive the meningococcal vaccine to reduce their risk of disease.

Please Note: According to Public Health Law, no institutions shall permit any student to attend the institution in excess of 30 days without having this form on file.

I have had the meningococcal meningitis vaccine within the last 10 years. Date Received: _____

Check one box and sign below:

I am (for students under age 18: My child is):

- A Freshman student residing in campus housing. **(Vaccine required by Davis College)**
- A High School student taking six (6) credits or more **on campus**. **(Vaccine required by Davis College)**
- A Freshman living off-campus OR a High School student taking five (5) credits or less.
- An upperclassman student (non-Freshman) and 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 **will not** obtain immunization against meningococcal meningitis disease.

_____ Student Signature (Parent/Guardian if student under age 18)		_____ Date	
_____ Print Student's Name	_____ Social Security Number	_____ Date of Birth	
_____ Address	_____ City	_____ State	_____ Zip
_____ Student Email	_____ Day Phone	_____ Evening Phone	

Please Note: This vaccine is NOT available through our campus Health Services. Check with your personal physician or local County Health Department for availability of the vaccine and immunization clinics. You need to know that this vaccine is expensive and may not be covered by all insurance carriers.