

NORTH COUNTRY COMMUNITY COLLEGE

Meningococcal Disease Response Form

Students Name: _____ Other Names Used: _____

Address: _____ Date of Birth _____

NY State Public Health Law 2167 requires all post-secondary students enrolled in six or more credit hours to submit a "Meningococcal Disease Response Form". This law also requires all post-secondary institutions to distribute information about meningococcal disease and immunization to all students (or parents/guardians of students under the age of 18). There is no age differentiation regarding meningococcal disease.

This is NOT a required immunization, therefore, this requirement can be met by signing and dating the declination statement on the bottom of this form.

*[Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least one dose of the meningococcal vaccine **not more than five years before enrollment**, preferably on or after their 16th birthday, and that young adults aged 16-23 years may choose to receive the meningococcal B vaccine series. College students should discuss the meningococcal B vaccine with a healthcare provider.]*

I / My child (for students under the age of 18) have:

- Had a meningococcal vaccination **within the last 5 years**. (check the choice that applies)
 - Documentation of this vaccination is attached to this form.
 - Administration of this vaccination has been validated by a health care provider as indicated below:

To be completed by a health care provider, NOT the student or student's parent/guardian

| | |
|--|--|
| Date of Meningococcal Vaccination #1 _____ | Date of Meningococcal Vaccination #2 _____ |
| Type of Vaccination _____ <small>(i.e., Menactra, Menveo, Menomune)</small> | Type of Vaccination _____ <small>(i.e., Menactra, Menveo, Menomune)</small> |
| The above vaccination(s) have been validated by: | |
| Health Care Provider name (printed) _____ | |
| Address _____ | |
| <small>Street</small> | <small>City</small> |
| <small>State</small> | <small>Zip</small> |
| <small>Telephone Number</small> _____ | |
| HCP's Signature _____ | <i>The medical office's stamp validating this information can be used in lieu of the provider's signature.</i> |
| Date _____ | |

MENINGOCOCCAL VACCINATION DECLINATION

I have read, or have had explained to me, information regarding meningococcal disease. I understand the risks of not receiving this vaccination, and have decided that I (my child) will **not** obtain immunization against meningococcal disease.

Student's Signature _____ Date _____
(or parent if student is under 18 years of age)

Please fax this completed form to 518-891-4236 or E-mail to healthrecords@nccc.edu