

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 _____
(i.e., Menactra, Menveo, Menomune)

Type of Vaccination _____
(i.e., Menactra, Menveo, Menomune)

The above vaccination(s) have been validated by:

Health Care Provider name (printed) _____

Address _____
Street City State Zip

_____ *Telephone Number*

HCP's Signature _____

Date _____

The medical office's stamp validating this information can be used in lieu of the provider's signature.

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 Name _____

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

Date _____