

SUNY POLY

Meningococcal Vaccination 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 by: **August 1** for fall admission
or
January 1 for spring admission

Email: wellnesscenter@sunypoly.edu

Fax: 315-792-7371

Mail: **SUNY Polytechnic Institute**
Wellness Center
100 Seymour Road
Utica, NY 13502

Please note that according to NYS Public Health Law, no institution shall permit any student to attend the institution in excess of 30 days without complying with this law. The 30 day period may be extended to 60 days if a student can show a good faith effort to comply.

Check one box only. I have (or my child has):

had meningococcal immunization within the past 5 years. The vaccine record is attached.

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.

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 or another health care provider of their choice.

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.

Everyone must sign, date and complete this portion:

Student Signature _____ Date _____

Parent Signature (if student is a minor) _____ Date _____

Print Student Name _____ Student
Date of Birth _____

Student Email _____ Student ID# _____

Student Mailing Address _____