



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 the following form to FIT Health Services.

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.

Check one box and sign below:

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

- Had the meningococcal meningitis immunization (Menomune™) within the last 5 years.

Immunization date: _____

(Note: If you (your child) received the meningococcal vaccine available before February 2005 called Menomune™, please note this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine called Menactra™ should be considered within 3-5 years after receiving Menomune™.)

- 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 (my child) will **not** obtain immunization against meningococcal meningitis disease.

*required

Print Student's name *:	Student's Date of Birth *:
Student's Email address *:	Student ID# *:
Student's Mailing address *:	
Student's Phone number *:	

Student's Signature *:	Date *:
------------------------	---------

If student is a minor, parent/guardian must sign.

Parent/guardian's Signature:	Date:
------------------------------	-------

To avoid jeopardizing enrollment, complete this form and return it to Health Services promptly.

To submit, scan and upload to the FIT Health Portal at fit.studenthealthportal.com.

If you have any questions, call Health Services at 212 217.4190.