

SKIDMORE

C O L L E G E

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires that students enrolled for at least 6 credit hours per semester complete and return the following form, prior to or within 30 days following their arrival on campus, to:

Skidmore College Health Services
815 North Broadway
Saratoga Springs, NY 12866

The law further states, “No institution shall permit any student to attend the institution in excess of 30 days without complying with this section”.

Check one box and sign below.

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

had meningococcal immunization within the past 10 years. Date received: _____

[Note: If you (your child) received meningococcal vaccine 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 (my child) will obtain immunization against meningococcal meningitis **within 30 days**, either from my private health care provider or from Skidmore College Health Services.

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 at this time.

Signed: _____
(Student or Parent/Guardian if student is a minor)

Date: _____

Print Student’s Name: _____

Date of Birth: _____