

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:

**Weigel Health Center
Buffalo State College
1300 Elmwood Ave.
Buffalo, NY 14222
(716)878-6711**

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 and sign below.

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

- had the meningococcal meningitis immunization (Menomune™) within the past 10 years.
Date received: _____
- 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.

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

Date _____

Student's name _____

Student / /
Date of Birth _____

Student
E-mail address _____

Student
Mailing Address _____

Student Social Security Number:
- -

Student
Phone number () _____