

BARNARD

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

You should also submit an official immunization record from your healthcare provider, previous school, military, or employer. Please print clearly.

Section A: This section is to be completed by the student, or parent/guardian if a minor.

Name: (last) _____ (first) _____	
Barnard Uni: _____	Cell phone #: _____
I will reside on campus (circle one): Yes No	Date of Birth: / /

Section B: This section is to be completed by the student, or parent/guardian if a minor.

Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least 1 dose of the 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.]

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

<input type="checkbox"/>	had meningococcal immunization within the past 5 years. The vaccine dates are included on the immunization form, and the record is attached.
<input type="checkbox"/>	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 healthcare provider or elsewhere.
<input type="checkbox"/>	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.

_____	Date: <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
Student or parent/guardian signature if student is under 18 years.				

How do I get more information about meningococcal disease and vaccination?

Contact your primary care provider or Barnard's Primary Care Health Service Center at 212-854-2091, or visit the NYS Department of Health website at: <http://www.health.ny.gov/publications/2168/>

Additional information is also available on the following websites:

www.health.state.ny.us (New York State Department of Health)

<https://www.cdc.gov/vaccines/vpd/mening/public/index.html> (Centers for Disease Control and Prevention)

www.acha.org (American College Health Association)

STUDENT NAME _____ DOB ____/____/____ 4