

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

It is not mandatory to have the meningitis shot!!!

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, **complete and return the following form** to the Genesee Community College Health Service Office.

Check one box and sign below.

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

had the meningitis immunization

Date received: _____ Type of vaccine _____

Health care provider signature _____

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 _____

Date _____ Student Date of Birth _____ / _____ / _____

Print Student's Name _____

Student ID Number _____

Student Mailing Address _____

Student Phone Number (_____) _____

**IMPORTANT-THIS FORM MUST BE SIGNED & RETURNED WITHIN 30 OF
THE START OF CLASSES TO PREVENT A HOLD ON YOUR RECORDS!**

Questions? Call the Health Office at 585 345-6835 Fax 585 345-6816

To submit this form online, go to www.genesee.edu and sign into Genesis.

Under MY Banner select:

-Student Services

-Health Center

-Meningitis Vaccination Response Entry