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](http://www.genesee.edu) and sign into Genesis.

Under MY Banner select:
- Student Services
- Health Center
- Meningitis Vaccination Response Entry