

Meningitis Response Form

NEW YORK INSTITUTE
OF TECHNOLOGY

PART I: STUDENT INFORMATION

Last name	First name	
Date of birth	MM/DD/YYYY	NYIT ID
Mailing address		
Email		
Campus	<input type="checkbox"/> Long Island	<input type="checkbox"/> New York City

New York Institute of Technology is in compliance with New York State Public Health Law 2167, requiring all college and university students and parents or guardians (if student is under age 18) to complete and return this form to Student Health Services at the address below. Please retain a copy for your files.

ALL STUDENTS (AND PARENTS OR GUARDIANS IF STUDENT IS UNDER AGE 18) MUST CHECK ONE BOX AND SIGN BELOW. PLEASE NOTE: IT IS NECESSARY TO COMPLETE THIS FORM EVEN IF DOCUMENTATION OF THIS VACCINE IS ALREADY ON FILE.

I have received the Meningococcal meningitis vaccine. (If checked, your health care provider must complete Part II of this form.)

I have (for students under age 18: "My child has") 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.

Student signature (Parent/guardian for student under the age of 18)	Date	MM/DD/YYYY
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PART II: HEALTH CARE PROVIDER INFORMATION

If you checked "I have received the Meningococcal meningitis vaccine" box above, your health care provider must complete this section.

Dose #1 Date	MM/DD/YYYY	Dose #2 Date	MM/DD/YYYY
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Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least one dose of Meningococcal ACWY vaccine not more than five 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.

Health care provider name	License #	
Health care provider address	Telephone	
Signature	Date	MM/DD/YYYY

Health care provider stamp/office stamp

PLACE STAMP HERE

IMMUNIZATION CONTACT INFORMATION

NYIT-Long Island (Old Westbury, N.Y.)		NYIT-New York City (Manhattan)	
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