



Meningitis Response Form

CUNY requires that all students complete and return the following form to
Queens College, Health Service Center, 6530 Kissena Blvd, Frese Hall 3rd Floor, Queens, N.Y. 11367
or email: healthquestions@qc.cuny.edu, or fax: 718-997-2765.

Part 3: Student Information			
-- To be completed by the student --			
Name (please print) _____			
	Last name	First name	Middle Initial
Date of Birth	EMPL ID #	Daytime phone	Email address
____/____/____ mm dd yyyy	_____	() _____	_____

Part 4: Meningococcal Meningitis	
To be completed by the student	
Instructions: Please check <u>ONE</u> box only in Section A below and sign and date in Section B	
A.	<p>I have (for students under the age of 18: My child has) read, or explained to me, the information regarding meningococcal disease:</p> <p><input type="checkbox"/> I had meningococcal immunization within the past 5 years*. <u>The vaccine record must attached (healthcare provider stamp and signature required).</u></p> <p><input type="checkbox"/> I will not obtain the meningitis vaccine. I understand the risks of not receiving the vaccine.</p>
B.	<p>_____</p> <p>Student/ Parent Signature if student is under 18 years. ____/____/____ mm dd yyyy</p>

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

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

- Contact your primary care provider or your Student Health Services at 718-997-2760 or visit our website at: www.qc.cuny.edu/health

Additional information is also available on the following websites:

- www.health.state.ny.us (New York State Department of Health)
- <http://www.cdc.gov/vaccines/vpd-vac/> (Centers for Disease Control and Prevention)
- www.acha.org (American College Health Association)

TO SUBMIT IMMUNIZATION RECORDS:

Mail: Queens College, Health Service Center, 6530 Kissena Blvd, Frese Hall 3rd Floor, Queens, N.Y. 11367
Fax : 718-997-2765
Email: healthquestions@qc.cuny.edu

Part 5: For Office of Health Services Staff Use Only			
Processed by:		rec: _____	ent: _____
Staff Name: _____	Staff Signature: _____	Date: _____	