

SUNY Institute of Technology
MANDATORY
MENINGITIS INFORMATION RESPONSE FORM

New York State Public Health Law requires that all college/university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, **complete and return** this form.
(August 15th for fall admission OR January 15th for spring admission)

Mail: SUNY Institute of Technology
Health and Wellness Center OR
P.O. Box 3050
Utica, NY 13504-3050

FAX: 315.792.7371

Please note that according to NYS Public Health Law, no institution shall permit any student to attend the Institution in excess of 30 days without complying with this law. The 30 day period may be extended to 60 days if a student can show a good faith effort to comply.

CHECK ONE BOX, SIGN BELOW and RETURN to SUNYIT

Students under the age of 18 a parent/guardian must complete AND sign.

I have had the meningococcal meningitis immunization within the past 10 years. I will provide SUNYIT proof of the immunization (date and healthcare practitioner's signature).
Note: If you (your child) received the meningococcal vaccine available before February 2005 called Menomune™, please note this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine called Menactra™ should be considered within 3-5 years after receiving Menomune™.

I have read, or have had explained to me, the information regarding meningococcal meningitis disease, availability and cost of the vaccine. I understand the risks of not receiving the vaccine. I have decided that I, (or my child if under the age of 18) **will not** obtain immunization against meningococcal meningitis disease.

Signature of Student _____ **Date** _____

Signature of Parent/Guardian _____ **Date:** _____
(ONLY IF student is under 18 years old)

MUST COMPLETE AND RETURN - Please Print

Student name _____ Student _____ / ____ / ____
Date of Birth

Student ID# _____ OR Student Social Security # _____

Student Mailing Address _____

Student Phone number (____) _____

Questions? Please call the SUNYIT Health and Wellness Center 315.792.7172