

MENINGITIS INFORMATION RESPONSE FORM

New York State Public Health Law requires that college and university students complete and return the following form by mail to:

University Health Service
Binghamton University
Box 6000
Binghamton, NY 13902-6000

Or by fax to: (607) 777-2881

Please note that according to 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 and sign below

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

- had the meningococcal meningitis immunization within the past 10-years. Date received: _____
- 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. I understand that I may choose to seek vaccination in the future.*

(Signature of student. Parent/guardian must sign if under 18 years)

(Date)

(Print student's name)

(Social Security Number)

(Student email address)

(Student Mailing Address)

(Student telephone number)

(Student Date of Birth)

*Meningococcal vaccine is available at the University Health Service for \$90.00 upon request. It may also be available from community health providers or county health departments. Please contact the Health Service for more information at 607-777-2221. Information about meningitis and our Vaccine Clinic schedule is also available at <http://health.binghamton.edu/announ.htm>.
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