

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, or at least four (4) semester hours per quarter, complete and return the following form to the Health Services Center.

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

Meningococcal Meningitis	
To be completed by the student	
<b>Instructions:</b> <i>Please check one box in Section A below and sign and date in Section B</i>	
A.	<p>I have (for students under the age of 18: My child has):</p> <p><input type="checkbox"/> had meningococcal immunization within the past 5 years. The vaccine record is attached.</p> <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.]</p> <p><input type="checkbox"/> read, or have had explained to me, the information regarding meningococcal disease. I (my child) will obtain immunization against meningococcal disease within 30 days from my private health care provider.</p> <p><input type="checkbox"/> 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.</p>
B.	<p>_____</p> <p>Student/ Parent Signature if student is under 18 years.</p> <p style="text-align: right;">_____/_____/_____ <i>mm dd yyyy</i></p>

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

- Contact your primary care provider or the LaGuardia Community College’s Health Services Center at 31-10 Thomson Avenue, Room MB40 or visit the NYS Department of Health website at: <http://www.health.ny.gov/publications/2168/>

**Additional information is also available on the following websites:**

- [www.health.state.ny.us](http://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](http://www.acha.org) (American College Health Association)

**TO SUBMIT IMMUNIZATION RECORDS:**

**Mail to:** Health Services Center, 31-10 Thomson Avenue, Room MB40 Long Island City, NY 11101

**Fax to:** 718-609-2016

**Email:** [Health-Center@lagcc.cuny.edu](mailto:Health-Center@lagcc.cuny.edu)