

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

Family name/surname _____ First/given name _____ M _____

Adelphi ID no. or SSN _____ Date of birth _____

New York State Public Health Law 2167 requires that all college and university students enrolled for at least 6 semester credits, or the equivalent per semester, must complete and return the following form to the Adelphi University Health Services Center. For information regarding meningococcal disease and the meningococcal vaccination, visit **health.adelphi.edu/forms/meningitis**.

Please check one of the following boxes and sign below:

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

- ☐ Had the meningococcal meningitis immunization within the past five years.
Date received _____ Healthcare provider stamp required _____
- ☐ 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.

Signature of student (if 18 or older/parent or guardian if student is a minor) Date

**This form must be returned to the Adelphi University Health Services Center,
Waldo Hall, One South Avenue, P.O. Box 701, Garden City, NY 11530-0701, USA,
or faxed 10518.877.6008.**

The form may be uploaded to the Health Portal in your eCampus account.

The above requirements must be submitted prior to the first day of classes.
Failure to comply will result in medical suspension from classes and subsequent withdrawal from the University.