

# Meningitis Response Form

**PART I: STUDENT INFORMATION**

<b>Last name</b>		<b>First name</b>	
<b>Date of birth</b>	MM/DD/YYYY	<b>NYIT ID</b>	
<b>Mailing address</b>			
<b>Email</b>			
<b>Campus</b>	<input type="checkbox"/> Long Island	<input type="checkbox"/> New York City	

New York Institute of Technology is in compliance with New York State Public Health Law 2167, requiring all college and university students and parents or guardians (if student is under age 18) to complete and return this form to Student Health Services at the address below. Please retain a copy for your files.

**ALL STUDENTS (AND PARENTS OR GUARDIANS IF STUDENT IS UNDER AGE 18) MUST CHECK ONE BOX AND SIGN BELOW. PLEASE NOTE: IT IS NECESSARY TO COMPLETE THIS FORM EVEN IF DOCUMENTATION OF THIS VACCINE IS ALREADY ON FILE.**

I have received the Meningococcal meningitis vaccine. (If checked, your health care provider must complete Part II of this form.)

I have (for students under age 18: "My child has") 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.

<b>Student signature</b> (Parent/guardian for student under the age of 18)	<b>Date</b>	MM/DD/YYYY
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**PART II: HEALTH CARE PROVIDER INFORMATION**

If you checked "I have received the Meningococcal meningitis vaccine" box above, your health care provider must complete this section.

<b>Dose #1 Date</b>	MM/DD/YYYY	<b>Dose #2 Date</b>	MM/DD/YYYY
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Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least one dose of Meningococcal ACWY vaccine not more than five 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.

<b>Health care provider name</b>	<b>License #</b>
<b>Health care provider address</b>	<b>Telephone</b>
<b>Signature</b>	<b>Date</b> MM/DD/YYYY

**Health care provider stamp/office stamp**

PLACE STAMP HERE

**IMMUNIZATION CONTACT INFORMATION**

<b>NYIT-Long Island (Old Westbury, N.Y.)</b>	<b>NYIT-New York City (Manhattan)</b>
<b>Adelaide Marciano</b> 516.686.7976   amarcian@nyit.edu	<b>Yahaira Ruiz</b> 212.261.1770   yruiz@nyit.edu

All medical records are required to be scanned and submitted in our secure portal for processing.  
[https://www.nyit.edu/administrative\\_offices/proof\\_of\\_immunization#submit](https://www.nyit.edu/administrative_offices/proof_of_immunization#submit)