

The State University of New York

REQUIRED MENINGITIS INFORMATION RESPONSE FORM

New York State Public Health Law requires that all summer campers enrolled in a summer camp for more than seven days complete and return the following form to:

Center for Lifelong Education and Recreation
389 Van Housen Ext., SUNY Potsdam
44 Pierrepont Avenue
Potsdam, NY 13676

Check one box and sign below:

The camper has had the meningococcal meningitis immunization (Menactra or Menomune) within the past 10 years.

Date received: _____

I have 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 the camper will not obtain immunization against meningococcal meningitis disease.

Signed: _____
(Parent/Guardian if camper is a minor)

Date: _____

Camper's Name: _____

Date of Birth: ____/____/____

Mailing Address: _____

Phone Number: (____) _____