Meningococcal Meningitis Response Form

New York State Public Health Law requires all college and university students who are enrolled for at least six (6) semester hours or equivalent, or at least four (4) semester hours per quarter, to complete this form or to submit proof of Meningitis ACWY vaccination. SUNY Potsdam requires all students to complete this form, regardless of the number of credit hours taken. Mail or fax this form to the address below, or submit it electronically on the Student Health Services Portal. See the “Health Requirements” page on the Student Health Services website for instructions on accessing the portal. The website URL is at the bottom of this page.

Student’s Name: _________________________________________ DOB: _________________________
Student ID #: _________________________________________ Date: _________________________

You must check one of the following boxes.

I certify that:

☐ I have had the meningococcal meningitis immunization (MPSV4 or MCV4) within the past 5 years.

☐ I have read, or have had explained to me, the information regarding meningococcal meningitis disease available on the “Forms” page of the SUNY Potsdam Student Health Services website. I will obtain the immunization against meningococcal disease within the next 30 days from my private health care provider.

☐ I have read, or have had explained to me, the information regarding meningococcal meningitis disease available on the “Forms” page of the SUNY Potsdam Student Health Services website. I understand the risks of not receiving the vaccine. I will NOT obtain immunization against meningococcal disease.

Student’s Signature: __________________________________________________