



REQUIRED

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or equivalent, or at least four (4) semester hours per quarter, must complete this form. Return the form to SUNY Potsdam Student Health Services, 44 Pierrepont Avenue, Potsdam, NY 13676.

Student Health Services carefully tracks whether this form is returned. New York State requires that students who do not submit this form cannot be allowed to remain on campus. This form can also be submitted electronically through your BearPaws account.

I certify that the following student has: (check one box and sign)

- had the meningococcal meningitis immunization (Menomune™ or Menactra™) within the past 10 years.

Date given: _____

Note: If the student received the meningococcal vaccine available before February 2005 called Menomune™, this vaccine’s protection lasts for approximately 3 – 5 years. Revaccination with the newer vaccine called Menactra™ should be considered within 3-5 years of the first vaccine.

- read, or have had explained to me, the information regarding meningococcal meningitis disease. The student will obtain the immunization against meningococcal meningitis.
- read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. The student will NOT obtain immunization against meningococcal meningitis disease.

Student’s Name: _____ Date: _____

Student’s Signature: _____
(if student is under 18 years old, must be signed by parent/guardian)

Student’s Date of Birth: _____ (mm/dd/yy) Student’s P #: _____

Student’s Email Address: _____

Student’s Mailing Address: _____

Student’s Phone Number: _____

*Watkins Student Health Services Center • Phone: (315) 267-2377 • Fax: (315) 267-3260
44 Pierrepont Avenue • Potsdam, New York 13676-2294 • www.potsdam.edu/studentlife/healthservices*