



SUNY College of Technology

10 Upper College Drive
Alfred, New York 14802

Health Services
Alfred: (607) 587-4200
FAX: (607) 587-4203
Wellsville: (607) 587-3141
FAX: (607) 587-3198

MENINGITIS INFORMATION RESPONSE FORM

NYS Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following form to:

Health Services, Alfred State College, Alfred, New York 14802

Please note that according to NYS Public Health Law, no institution shall permit any student to attend the institution in excess of 30 days without complying with this law.

Student's name _____ Date of birth _____

Attends classes in (check one) Alfred or Wellsville

Social Security Number _____

Check one box and sign below:

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

had the meningococcal meningitis immunization (Menomume™) within the past 10 years.
Date immunized _____

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.

Signed _____ Date _____
(Parent/Guardian if student is a minor)

word/response form
Developed 8/03

