

# SUNY Orange

## MENINGITIS INFORMATION RESPONSE FORM

New York State Public Health Law requires that all college and university students enrolled for at least six (6) credits complete and return the following form to:

**Orange County Community College  
Health Services  
115 South Street  
Middletown, N.Y. 10940  
Phone 845-341-4870; Fax 845-341-4872**

*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. The 30 day period may be extended to 60 days if a student can show a good faith effort to comply.*

### Check one box and sign below.

I have (for students under the age of 18 signature of parent is required):

- had the meningococcal meningitis immunization Menomune or Menactra within the past 10 years.  
Date received: \_\_\_\_\_
  
- read the Meningitis Fact Sheet 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.

Signature \_\_\_\_\_  
Student (Parent / Guardian if student is a minor)

Date \_\_\_\_\_

Print Student's name \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mailing Address \_\_\_\_\_

Student's ID# \_\_\_\_\_

Student's Social Security Number:  
(optional)

Student's Phone Number \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_