



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 the equivalent per semester complete and return this form to Hilbert College.

Check one and sign below.

Resident Student Must Receive A Meningitis Immunization.

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

_____ had the meningococcal meningitis immunization within the past 10 years.

Date received: _____

_____ read, or have had explained to me, the information regarding meningococcal meningitis disease. I (my child) will obtain immunization against meningococcal meningitis **within 30 days** from my private health care provider.

_____ 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)

Print Student's Name _____

Return this form to:
Student Life
Hilbert College
5200 South Park Avenue
Hamburg, NY 14075

Students who fail to return this form by October 1 will no longer be allowed to attend classes at Hilbert College.

YOU MUST RETURN THIS FORM!