The City College of New York

_____ / _____
Semester   **Year**

MENINGITIS RECORD

Please note: Students are responsible for obtaining an official translation of foreign records prior to submission.

Student Information	**-- To be completed by the student --**

Full Name (please print): _____

               Last name   *First name*   *M.I.*

Complete Address: _____

Date of Birth:	**EMPL ID #:**	**Contact Phone #:**	**Email Address:**
____/_____/_____ *mm dd yyyy*	__ __ __ __ __ __ __ __	**( ) _____**	_____

PART 1: Meningococcal Meningitis

Instructions:	*Please check one box in Section A below and sign and date in Section B*

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

☐ had meningococcal immunization within the past 5 years. (date of vaccination; attach proof) _____/_____/_____

                                                                             mm   dd   yyyy

☐ read, or have had explained to me, the information regarding meningococcal disease*. **I (my child) will obtain immunization against meningococcal disease within 30 days** from my private health care provider and will submit proof of this the Student Health Services at the City College of New York.

☐ read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) **WILL NOT** obtain immunization against meningococcal disease.

B. _____   _____/_____/_____

      Student Signature ==*(Parent/Guardian Signature if student is under 18 years)*==   *mm   dd   yyyy*

[Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least 1 dose of Meningococcal ACWY vaccine not more than 5 years before enrollment, preferably on or after their 16th birthday, and that young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.]

Additional information is also available on the following websites:

- www.health.state.ny.us (New York State Department of Health)
- http://www.cdc.gov/vaccines/vpd-vac/ (Centers for Disease Control and Prevention)

PLEASE SEE BELOW FOR WAYS TO SUBMIT IMMUNIZATION RECORDS:

FILE DROP:
https://securetransfer.ccny.cuny.edu/filedrop/shs@ccny.cuny.edu

MAIL/IN-PERSON:
Student Health Services
160 Convent Avenue
Marshak Science Building, Suite J-15
New York, NY 10031

SHS student health services   **HEALTH AND WELLNESS SERVICES** DIVISION OF STUDENT AFFAIRS   The City College of New York

- For Student Health Services Staff Use Only -

Processed by:
Staff Name: _____   *Staff Signature:* _____   *Date:*_____