



MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

Ithaca College in accordance with New York State Public Health Law requires that all college and university students either receive vaccination for Meningitis, or complete and return the following form to Cayuga Health at Ithaca College, 953 Danby Road, Ithaca, NY 14850.

I have, or my child (parent complete if child is a minor, under the age of 18) has read, or 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 at this time.

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html>

Student's Signature: _____ Date: _____
(parent/guardian if student is a minor)

Print Student's Name: _____ Student's Date of Birth: _____

Student's Email Address: _____

Student's ID Number: _____

Student's Mailing Address: _____

Student's Phone Number: _____