

Student Health Services
Meningitis Response Form
Marshak Science Bldg, Rm. J-15
160 Convent Avenue, New York 10031

Semester Year
 Fall _____
 Spring _____
 Summer _____

PLEASE PRINT NEATLY

Part 1: Student Information

To be completed by the student

LAST NAME

FIRST NAME

____ - ____ - ____
SOCIAL SECURITY OR STUDENT ID #

BIRTHDATE

CONTACT NUMBER

STATUS:

FRESHMAN
TRANSFER
GRADUATE
NON-DEGREE

Part 2: To be completed and signed by student or parent/guardian for students under the age of 18.

I have read the information, and I will not receive the vaccine.

SIGNATURE

DATE SIGNED:

____/____/____
MM

DD

YY

SEND TO:
STUDENT HEALTH SERVICES
Marshak Science Building, Rm. J-15, 160 Convent Avenue, New York, NY 10031
Tel: 212.650.8222
Fax: 212.650.8227