

MENINGITIS RECORD (TO BE COMPLETED BY THE STUDENT)

This form is required before registration

1. All students registering for 6 credits or more (or its equivalent) **must also complete this form.**
2. Please complete this form and upload through the **DOCUMENT UPLOAD** link on Student Health Services Center webpage (<https://www.york.cuny.edu/student-development/health>).
3. All documents must be legible. Please submit certified translations for all foreign language documents.

PART 1: Student Information				
Name (please print) _____				
Last name	First name	Middle Initial		
Date of Birth	EMPL ID #	Daytime phone	Email address	
____/____/____ <i>mm dd yyyy</i>	-----	() _____	_____	
Address				
Street	Apt.#	City	State	Zip

PART 2: Meningococcal Meningitis	To be completed by the STUDENT
Please check one box in Section A below and sign and date in Section B	
<p>A. I have (for students under the age of 18: My child has):</p> <p><input type="checkbox"/> had meningococcal immunization within the past 5 years. The <u>proof</u> of the vaccination is attached. Date vaccine received: ____/____/____ <i>mm dd yyyy</i></p> <p>[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.]</p> <p><input type="checkbox"/> 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 or York College Student Health Services Center or other health facility.</p> <p><input type="checkbox"/> 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.</p>	<p>TODAY'S DATE: ____/____/____ <i>mm dd yyyy</i></p>
<p>B. _____</p> <p>Student Signature OR Parent/Guardian Signature if student is under 18 years.</p>	

ANY OF THE FOLLOWING PROOF OF IMMUNITY MAY BE SUBMITTED WITH THIS FORM:

- (1) Immunization cards from childhood (yellow card), signed and stamped **OR**
- (2) Immunization records from college, high school or other schools you attended **OR**
- (3) Immunization records from your health care provider or clinic, signed and stamped **OR**
- (4) Immunization records from the Citywide Immunization Registry online system (if born after 1994) **OR**
- (5) Lab report, titer report or serology report serology, showing immunity to measles, mumps and rubella **OR**
- (6) Proof of honorable discharge from the armed services within 10 years from the date of application will enable the student to attend school pending receipt of the immunization records from the armed services.

Staff Initial: ____ Date: _____ <input type="checkbox"/> R <input type="checkbox"/> V <input type="checkbox"/> T/R <input type="checkbox"/> T/V <input type="checkbox"/> NOF <input type="checkbox"/> NA <input type="checkbox"/> Missing Parent Signature
