



Syracuse University Health Services  
111 Waverly Avenue Syracuse NY 13244-2320  
Phone: 315/443-2666 Fax: 315/443-9010

## Meningitis Information Response Form

Syracuse University policy under guidelines established by New York State public health law requires all students to provide a completed response related to meningococcal meningitis vaccine indicating that the student has either been immunized within the preceding ten years or has opted not to obtain immunization against meningococcal disease. **The response form must be completed and returned to the Health Service before the student registers for classes.** Please note that you may elect to receive the immunization at Syracuse University Health Services. The cost of this vaccine at the Health Service is currently \$130.00.

Name: \_\_\_\_\_ SUID #: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the student, parent or guardian have reviewed the information provided to me by the Syracuse University Health Service on meningococcal meningitis and transmission thereof; the benefits, risks, and effectiveness of immunization; and the availability and cost of immunization.

I, the student, parent or guardian understand the risks of meningococcal meningitis and the benefits of immunization.

I, the student, parent or guardian have elected the following option:

\_\_\_\_\_ Have been immunized within the preceding ten years.

Date of immunization: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Not to obtain immunization against meningococcal meningitis.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

If the student is a minor under the age of eighteen, the signature of the parent or guardian is required.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_