



LONG ISLAND UNIVERSITY

MENINGITIS FORM

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete form.

Check ONE box and sign and date. For minors, a parent or guardian must co-sign.

I have:

had meningococcal meningitis immunization within the past 5 years.

Date received: _____ **MUST PROVIDE DOCUMENTATION OF VACCINATION**

read, or have had explained to me, the information regarding meningococcal meningitis disease. I will obtain immunization against meningococcal meningitis **within 30 days** from my private health care provider.

read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I will **not** obtain immunization against meningococcal meningitis disease.

[Note: If you received the meningococcal vaccine available before February 2005, called Menomune™, please note this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine, called Menactra™, should be considered within 3-5 years after receiving Menomune™.]

Signed

_____ Date _____

_____ Date _____

(Parent / Guardian if student is a minor)

Print Student's Name _____

Student Date of Birth _____

Student ID# _____

EXEMPTIONS: If you are requesting an exemption, you must provide the requested proof-approval is not automatic.

MEDICAL EXEMPTIONS-(Temporary or Permanent) requires a formal letter from your doctor detailing conditions(s) and duration of exemption.

RELIGIOUS EXEMPTIONS-students with prior deeply held religious aversions may request a waiver by submitting a detailed request.



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