

Berkeley College
Meningococcal Meningitis Vaccination Response Form

STUDENT INFORMATION	
Name (print):	ID#:

In accordance with the laws of the States of New Jersey and New York, all students must, prior to matriculation, complete and return this form to the Admissions Department.

Please check one box and sign below:

I have (for students under the age of 18: My child has):

- Received meningococcal meningitis immunization within the past 10 years.

Date received: _____

(Note: if you/your child received the meningococcal vaccine available before February, 2005 called Menomune™, please note that this vaccine's protection lasts for approximately 3 to 5 years. Revaccination with the new conjugate vaccine called Menactra™ is therefore recommended.)

- Received information regarding meningococcal meningitis disease and the availability of a meningococcal vaccine to prevent disease. I/my child will obtain immunization against meningococcal meningitis from my private health care provider or will make arrangements to obtain immunization through Berkeley College.
- Received information regarding meningococcal meningitis disease and the availability of a meningococcal vaccine to prevent 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. **(This option is not available to students choosing to reside on campus.)**

Signed: _____
(Student)

Signed: _____
(Parent/Guardian if student is a minor)

Date: _____