

**Berkeley College**  
**Meningococcal Meningitis Vaccination Response Form**

<b>STUDENT INFORMATION</b>	
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 5 years.

Date received: \_\_\_\_\_ (*Vaccination Record Must Be Attached*)

**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 16<sup>th</sup> birthday, and that young adults aged 16 through 23 may choose to receive Meningococcal B vaccine series. College and University students should discuss the Meningococcal B Vaccine with a healthcare provider.

- 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 **within 30 days** 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Student Signature)

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent/Guardian Signature if student is a minor)