

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 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 16th 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)