

Student Health Services
Meningitis Response Form
Marshak Science Bldg, Rm. J-15
160 Convent Avenue, New York 10031

Semester Year

☐ Fall _____

☐ Spring _____

☒ Summer 2016

PLEASE PRINT NEATLY

Part 1: Student Information

To be completed by the student

Meng

LAST NAME

Yuang

FIRST NAME

103 - 92 - 2466

SOCIAL SECURITY OR STUDENT ID #

8/10/1997

BIRTHDATE

646-457-6892

CONTACT NUMBER

Non-Degree

STATUS:

FRESHMAN
TRANSFER
GRADUATE
NON-DEGREE

Part 2: To be completed and signed by student or parent/guardian for students under the age of 18.

☒ I have read the information, and I will not receive the vaccine.

Yuang Meng

SIGNATURE

DATE SIGNED: 05 / 24 / 2016
MM DD YY

SEND TO:

STUDENT HEALTH SERVICES

Marshak Science Building, Rm. J-15, 160 Convent Avenue, New York, NY 10031

Tel: 212.650.8222

Fax: 212.650.8227