Completed Forms needs to be uploaded at our Patient Portal @
https://stonybrook.medicatconnect.com

STUDENT HEALTH SERVICE
Tel: (631) 632-6740
Fax: (631) 632-6936

Stony Brook University

Meningitis Response Form

STUDENT LAST NAME (PLEASE PRINT)	FIRST NAME	MIDDLE NAME	STONY BROOK ID#	
HOME ADDRESS	**STREET/APT.#**	**CITY/TOWN**	**STATE/PROVINCE**	**ZIP CODE COUNTRY (IF NOT U.S.)**
CELL PHONE	**HOME PHONE**		**E-MAIL**	
EMERGENCY CONTACT	**RELATIONSHIP**		**CELL PHONE**	

New York State Public Health Law and Stony Brook University Policy require that all students must verify by their signature that they have received information about meningococcal disease and have made an informed decision about whether or not to receive immunization against meningococcal disease. Student must demonstrate compliance with this requirement by the first day of classes. The Registrar will block and de-register students who fail to comply with this health requirement.

Student may comply with this law by reading the required information regarding meningitis at this Web site: www.health.ny.gov/publications/2168.pdf and then completing this form.

Your response to this form must be received by August 1st for Fall Enrollment or three (3) weeks before Spring's Enrollment/Orientation date. It is important that we receive the immunization information before that date so your form can be processed early to avoid registration/de-registration prob-lems.

Check one box and sign below. I have (For students under the age of 18: My child has):

- ☐ had the meningococcal meningitis immunization within the past 5 years. Official documentation of vaccination will be submitted to the Student Health Service.
- ☐ 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 (my child) will not obtain immunization against meningococcal meningitis disease.

_____

STUDENT SIGNATURE (PARENT/GUARDIAN IF STUDENT IS A MINOR) RELATIONSHIP DATE

PLEASE REMEMBER TO MAKE A COPY OF THIS FORM FOR YOUR RECORDS BEFORE YOU SEND IT IN.