

Guggenheim 2010

Form D
Meningococcal
Meningitis
Vaccination
Response

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MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

Please return this form no later than 2 weeks prior to your camp session.

Mail To: **Guggenheim 2010**
100 Elizabeth Street
P.O. Box 369
Ogdensburg, NY 13669

New York State Public Health Law requires that all campers enrolled in a summer camp session must complete this form.

Check ONE AND ONLY ONE box and sign below.

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

- had the meningococcal meningitis immunization (Menomune™) within the past 10 years.
Date received: _____

[Note: The vaccine's protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3-5 years.]

- read, or have had explained to me, the information regarding meningococcal meningitis disease. My child (I) will obtain immunization against meningococcal meningitis **within 30 days** from my private health care provider.
- 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 my child (I) will **not** obtain immunization against meningococcal meningitis disease.

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

Date _____

Print Student's name _____

Student _____ / ____ / ____
Date of Birth