

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires that all students complete and return the form to LIU Brentwood Campus, 1001 Crooked Hill Road, NY 11717

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I had the meningococcal meningitis immunization (Menomu 10 years. Date received:	ne/Menactra/Menveo TM) within t —
I read or have had explained to me the information regarding obtain immunization against meningococcal meningitis within provider.	-
I have read or have had explained to me the information regard understand the risks of not receiving the vaccine. I have deagainst meningococcal meningitis disease.	•
Student Signature (Parent/Guardian if student is a minor)	Date
Print Student Name	Date of Birth
Student ID Number	Phone Number
Street Address	
City, State, ZIP Code	

PLEASE TURN OVER

