



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		
NAME OF 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 before they are able to register for classes.

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

This completed form must be uploaded the Wolfie Health Portal at <https://stonybrook.medicatconnect.com>

Check only 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 Student Health Services by uploading documents to the Wolfie Health Portal at <https://stonybrook.medicatconnect.com>
- 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
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PLEASE REMEMBER TO MAKE A COPY OF THIS FORM FOR YOUR RECORDS BEFORE YOU SEND IT IN.