



ST. JOHN'S
UNIVERSITY

MENINGITIS FORM

STUDENT HEALTH SERVICES

Queens Campus
DaSilva Hall
8000 Utopia Parkway
Queens, NY 11439
Tel 718-990-6360
Fax 718-990-2368
stjohns.edu

Please complete and fax, mail, or return in person to the Health Services Center at the Queens campus by Wednesday, May 15, 2019.

Name: _____ Date of Birth: _____

Address: _____

Student ID #: X _____

Campus where you are enrolled (check one):

☐ Queens ☐ Manhattan ☐ Staten Island ☐ Online Learning

St. John's University is in compliance with New York State Public Health Law 2167, requiring all college and university students and parents or guardians (if student is under age 18) to complete and return this form to Student Health Services at the address above.

All students (and parents or guardians if student is under age 18) must complete and sign below. Please note: it is necessary to complete this form even if documentation of this vaccine is already on file.

CHECK ONE BOX AND SIGN BELOW.

☐ Had the meningococcal meningitis vaccine at age 16 years or older. Date: _____

Healthcare provider's signature: _____

Address: _____

License #: _____ Tel: _____

Stamp: _____

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

☐ 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.

Signed: _____ Date: _____
(Parent/guardian if student is under age 18)