

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

Family name/surname

First/given name

MI

Adelphi ID no. or SSN

Date of birth

New York State Public Health Law 2167 requires that all college and university students enrolled for at least 6 semester credits, or the equivalent per semester, must complete and return the following form to the Adelphi University Health Services Center. For information regarding meningococcal disease and the meningococcal vaccination, visit adelphi.edu/meningitis.

Please check one of the following boxes and sign below:

This form must be returned to the Adelphi Univer

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