



State University of New York College of
Environmental Science and Forestry

Meningococcal Meningitis Response Form

Follow these steps to successfully submit your Meningococcal Meningitis Response Form:

1. Read this form carefully and thoroughly.
2. ***All students (except online-only students) must submit their Meningococcal Meningitis Response Form through the ESF Student Portal by uploading this completed form.***

Meningococcal Vaccine Response: I (student, parent, or guardian) have received and reviewed the information regarding meningococcal disease.

I have received the meningococcal vaccine within the past (5) years (fill in below unless you attached your immunization record)

Meningococcal (A,C,Y, W-135): _____/_____

Meningococcal B: _____/_____

I understand the risks of not receiving the vaccine. I have decided that I (my child) will **not** obtain immunization against meningococcal disease.

Student Signature: _____ **Date:** _____

Print Student Name: _____

Parent or Guardian Signature (if under 18): _____

Date: _____