New York State Public Health Law* requires every Cornell University student who is enrolled for six or more credit hours to complete and return this form to Gannett: Cornell University Health Services.

Failure to comply with this law will result in registration holds and financial penalties.

CHECK ONE BOX AND SIGN BELOW:

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

☐ had the meningococcal disease immunization (Menomune™ or Menactra™) within the past 10 years. Only information signed by a physician or copies of official records (such school immunization records) will be accepted.

☐ read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal disease.

Signed ___________________________ Date ___________________________

(Parent/guardian must sign if student is under 18.)

STUDENT INFORMATION (Please print clearly):

Student’s Name _______________________________________________________

E-mail Address ___________________________________ Date of Birth _______/______/____ (mm/dd/yy)

Student ID # _________________________________________________________