



Cornell University
Gannett Health Services

Medical Records
Gannett Health Services
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Ithaca, NY 14853-3101
t. 607.255.4082
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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 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 or Social Security Number _____

* New York State Public Health Law (NYS PHL) §2167, effective August 15, 2003.