MENINGOCOCCAL MENINGITIS VACCINATION STAFF RESPONSE FORM 2011

New York State Public Health Law requires the operator of an overnight children's camp to maintain a completed response form for every camper and staff member who attends camp for seven (7) or more nights.

Check one box and sign below.

☐ I have read, or have had explained to me, the enclosed information regarding meningococcal meningitis disease. I have had the meningococcal meningitis immunization (Menomune™) within the past 10 years. **Date received:**

[Note: The vaccine's protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3-5 years.]

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

Signed: _____ Date: _____
Staff Member's Signature

Signed: _____ Date: _____
Parent's Signature if Staff Member Under 18 years of age

Staff Member's Name: _____ Date of Birth : _____

Mailing Address: _____

Staff Member's E-mail address (optional): _____