MENINGITIS WAIVER FORM



Part One: Student Information	on
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STUDENT ID NUMBER	LASTNAME	FIRST NAME MIDDI	LE
DATE OF BIRTH	FIRST SEMESTER AT PACE	PACE E-MAIL ADDRESS	
New York State Pul	blic Health Law requires that all c	college and university students enrolled f	or at least six
	or the equivalent per semester, or a	at least four (4) semester hours per quar	
	and return this form	n to Pace University.	
New York State Publ about meningococcal	ic Health Law requires institutions, I meningitis available. As such, plea beginning the immunizatio	including colleges and universities, to mainst as review the important fact sheet and line on documentation process.	ke information k below before
	<u>Meningococcal Me</u>	eningitis Fact Sheet	
Part Two: Meningoc	occal Meningitis		
		HE BOX and SIGN BELOW to be compliant with I parent or quardian is also required	NYSDOH
IDUC Health Law 2167. For stud	lents under the age of 18, the signature of a p	parent or guaratan is also required.	
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	plained to me, the information regarding men ided that I (my child) will not obtain immuni		s of not receiving
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Instructions for the Immunization Requirement Form

Return the signed and completed form online through the Patient Portal at:

https://www.pace.edu/patientportal

Return by the following dates:

Fall Term: August 1 | Spring Term: December 1 | Summer I Term: May 1 | Summer II Term: June 1

ALL SUPPORTING DOCUMENTION MUST CLEARLY SHOW THE DATES OF VACCINATIONS ON THEM.

PART TWO: MENINGOCOCCAL MENINGITIS: To be filled out completely by the student.

On July 22, 2003, Governor Pataki signed <u>New York State Public Health Law (NYS PHL) 2167</u> requiring institutions, including colleges and universities, to distribute information about meningococcal disease and vaccination to all students meeting the enrollment criteria, whether they live on or off campus.

Pace University is required to maintain a record of the following for each student:

- Certificate of Immunization for meningococcal meningitis disease; or
- A response to receipt of meningococcal meningitis disease and vaccine information signed by the student or the student's parent or guardian; the meningococcal meningitis immunization must have been administered within the past 5 years; or
- An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the student or student's parent or guardian.

Resident first-year students are strongly encouraged to receive a meningitis vaccination.

Students in a **nursing** program or a **physician assistant** program **must complete** this part of the form and submit with a copy of the blood titer results required for participation in those programs.

The University Health Care (UHC) Office can assist you in fulfilling these requirements. Inoculations can be administered for Measles, Mumps, and Rubella (MMR). The Meningitis vaccine may be available. You may contact them directly at the numbers below to make an appointment. New York UHC (212) 346-1600 Westchester UHC (914)773-3760

Updated 1/2024