

MENINGOCOCCAL MENINGITIS RESPONSE FORM

New York State Public Health Law requires the operator of an overnight children's camp to keep a completed response form for every camper who attends camp for at least 7 nights.

CHECK ONE BOX AND SIGN BELOW.

My child has had the meningococcal meningitis immunization (Menomune™ or Menactra™) within the past 10 years. Date received: _____

[Note: If your child received the meningococcal meningitis vaccine available before February 2005 called Menomune™, please note this vaccine's protection lasts approximately 3-5 years. Revaccination with the new conjugate vaccine called Menactra™ should be considered within 3-5 years after receiving Menomune™.]

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 my child will not obtain immunization against meningococcal meningitis disease.

Signed: _____ Date: _____
(Parent/Guardian)

Camper's Name: _____ Date of Birth: _____