



**Bard Academy**



**SIMON'S ROCK**  
at Bard College

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## Meningococcal Response Form

Student Name: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

For students enrolling in the College: New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete the following form.

For more information about Meningococcal illness, visit (or copy and paste) this URL:  
<https://www.health.ny.gov/publications/2168/>

NOTE: Students of Bard Academy do not fill out this form. It is a requirement for enrollment in college only.

Choose One:

\_\_\_ I have submitted my record of Meningococcal vaccine, or will submit it within 30 days of the start of school. I understand that if I fail to provide this proof it may result in disciplinary action, including barring me/my child from receiving school services until this is corrected.

\_\_\_ I understand the risks of meningococcal disease and the benefits of immunization at the recommended ages. I have decided that I (my child) will NOT obtain immunization against meningococcal disease at this time.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

This must be signed by the student, or, if the student is under the age of 18, by the legal guardian of the student.