



MENINGITIS RECORD

(TO BE COMPLETED BY THE STUDENT)

This form is required before registration

- 1. All students registering for 6 credits or more (or its equivalent) must also complete this form.
- 2. Please complete this form and upload through the <u>DOCUMENT UPLOAD</u> link on Student Health Services Center webpage (https://www.york.cuny.edu/student-development/health).
- 3. All documents must be legible. Please submit certified translations for all foreign language documents.

	Last name		First name	Middle Initia	il
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AR	RT 2: Meningococca	l Meningitis	<u>To l</u>	be completed by the	e STUDEN
lea	ise check one box	in Section A below	and sign and date in Sec	tion B	
Α.	I have (for students under the age of 18: My child has):				
	had meningococcal immunization within the past 5 years. The <u>proof</u> of the vaccination is attached.				
	Date vaccine received://				
	mm dd yyyy				
	[Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years				
	should have at least 1 dose of Meningococcal ACWY vaccine not more than 5 years before enrollment, preferably on or after				
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