

TRINITY-PAWLING SCHOOL  
700 Route 22  
Pawling, New York 12564

NEW STUDENT  
HEALTH FORM  
HEALTH CENTER  
(845) 855-4848 FAX: (845) 855-4851  
email: [agreene@trinitypawling.org](mailto:agreene@trinitypawling.org)  
[gbarker@trinitypawling.org](mailto:gbarker@trinitypawling.org)

## MENINGOCOCCAL VACCINATION RESPONSE FORM

New York State Public Health Law requires that all parents or guardians of residential school students (or residential students 18 years of age and older) in grades 7-12, complete and return the following form to Trinity-Pawling School.

### Check one box and sign below.

My child has (for students over the age of 18: 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.]

- read, or have had explained to me, the information regarding meningococcal meningitis disease. My child (I) will obtain immunization against meningococcal meningitis **within 30 days** from my private health care provider.
- read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child (I) will **not** obtain immunization against meningococcal meningitis disease.

Signed \_\_\_\_\_  
(Parent / Guardian if student is a minor)

Date \_\_\_\_\_

Print Student's name \_\_\_\_\_

Student \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of Birth

Phone number (\_\_\_\_) \_\_\_\_\_