

**AMERICAN ACADEMY McALLISTER
INSTITUTE OF FUNERAL SERVICE, INC.**



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MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law 2167 requires every student enrolled for at least six semester hours or the equivalent per semester, or at least four semester hours per quarter to sign this form. Complete and return the following form to the American Academy McAllister Institute of Funeral Service.

Check one and sign below:

I have (for students under the age of 18: My child has):

- Had the meningococcal meningitis immunization (Menomune) within the past 10 years. Date received: _____
- Read, or have had explained to me, the information regarding meningococcal meningitis disease. I (my child) 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 risk of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal meningitis disease.

Signed _____ Date _____

Student (if 18 or older)
Parent/Guardian (if student is a minor)

Please complete the following with student's information:

Print Name: _____ Date of Birth _____

Email Address _____ Student ID# _____

Mailing address _____

Student phone number: () _____

This form must be returned to the American Academy McAllister Institute of Funeral Service at 619 West 54th Street, 2nd floor, New York, NY 10019, within 30 days of the beginning of class. You may return the form via fax to 212-765-5923. Failure to comply with this regulation could force the institution to take disciplinary action.