



MENINGOCOCCAL VACCINATION WAIVER

New York State Public Health Law requires all students taking 6 or more credits (*or the parent or guardian of students under age 18*) to verify that they have received information about meningococcal disease and made an informed decision about immunization.

Review these fact sheets:

- Cornell Health: <https://health.cornell.edu/sites/health/files/pdf-library/meningococcal.pdf>
- New York State Department of Health: <https://www.health.ny.gov/publications/2168/>

Please print:

Student name (*first, middle initial, last*) _____

Parent or guardian name (*of student under 18*) _____

Student date of birth (*mm-dd-yyyy*) _____

I have read, or have had explained to me, information regarding meningococcal disease, and:

- I understand the risk of not receiving the vaccine.
- I have decided that I (*my daughter/son/ward*) will not obtain immunization against meningococcal disease at this time.
- I understand that meningococcal vaccine is available at Cornell Health should I decide to get it at some point in the future.

✉ **Signature** _____ Date (*mm-dd-yyyy*) _____
of student (or parent/guardian of student under age 18)

Return ONE COPY only:

- **UPLOAD** through **myCornell Health**:
Go to mycornellhealth.health.cornell.edu
 - Log in with Cornell net ID, password, and date of birth.
 - From Home Screen, click on "Downloadable Forms" in the menu.
 - Click "Upload" to upload and submit the form.
- **or FAX**: 607.255.0269
- **or MAIL**: Cornell Health, Attn: Requirements Office
110 Ho Plaza
Ithaca, NY 14853-3101