

# Meningitis Immunization

## Summer of 2008



New York State Public Health Law requires that we have a completed copy of this form for every camper who attends Camp Echo. **Please review and complete the form below and return this sheet to us by June 1, 2008.** If you have any questions\*, please feel free to contact the camp office at 201.251.0414.

### Camper Meningococcal Meningitis Vaccination Response Form

Camper's Name..... Date of Birth .....

Please check one box and sign below:

- My child has 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 to 5 years.)*

- I have 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 will not obtain immunization against meningococcal meningitis disease.

Parent's Signature ..... Date.....

Parent's Name (please print).....

(\* Parents sometimes ask our opinion about meningitis immunization. We suggest that you speak with your child's doctor. We do know, however, that the Center for Disease Control [CDC] does recommend this immunization for those who are living in a "closed" community, such as camp or college.)

Office Use Only. Please do not place any marks inside this box.

