

DAEMEN MENINGITIS ACTIONFORM (AMHERSTCAMPUS)

SUBMISSION OPTIONS: Online (preferred): daemen.edu/healthupload

Fax: 716-839- U 0 D L O 0 D L Q 6 W % R [\$ P K H U V W 1 <

PART 1 –STUDENT INFORMATION

LAST NAME (BIRTH)	FIRST NAME (BIRTH)	MIDDLE INITIAL	DATE OF BIRTH	STUDENT ATHLETE*
PREFERRED PHONE (INCLUDE AREA CODE)	STREET ADDRESS		CITY	STATE ZIP CODE

PART 2 –MENINGITIS ACTION FORM

NYS Public Health Law 2167 requires colleges to distribute information about meningococcal disease and vaccinations to all students (back) and students to submit their decision on meningococcal disease. Please take action by completing one of the options below.

*Student Athletes are required to submit a physical within 6 months of first date of participation, noting clearance to participate in physical activity in addition to the items required below. If you have questions about the requirements below, Y L V L W [GDHPHQ HGX KHDOWK.UHTXLU](#)

Option #1 : Submit SURRI RI 0H Immunization L W D E R Z L F W K L Q W K H S D V W \ H D U V P R Q W K G D \ \ H D U P X V W E H

- a) 0 & 9 0 H Q D F W U D P R V W U H F H Q W / ____
- b) % H [H U R G R V H V U H T X L U H G / ____ / ____ ____ / ____ / ____
- F 7 X P H P E D G R V H V U H T X L U H G / ____ / ____ ____ / ____ / ____ ____ / ____ / ____

**This section must be completed and signed or stamped by a health care provider. Students may also submit immunization records from a previous school, health care prtT3>34(g)-7.- (r)4.42.3 2 (pr)1hh pr363Tc 0.0hh .5 (e)-2.78 ()15.34(g)-33 (o)ve 2.78 (nm)4.6 ()-4.7 (t)-126Q 113.64-R- R.76FgD&D P H Q L Q J L W L V D Q / L W H K D V H W L P H

MENINGOCOCCAL DISEASE FACT SHEET

What is meningococcal disease?

0HQLQJRFRFFDO GLVHVDH LV FDXVHG E\ EDFWHULD FDOOHG 1HLVVHULD
PHQLQJLWLGLV ,W FDQ OHDG WR VHULRXV EORRG LQIHFWLRQV :KHQ WKH
OLQLQJV RI WKH EUDLQ DQG VSLQDO FRUG EHFRPH LQIODPHG LW LV
FDO 0