

MENINGITIS WAIVER FORM



Part One: Student Information

STUDENT ID NUMBER	LASTNAME	FIRST NAME	MIDDLE
DATE OF BIRTH	FIRST SEMESTER AT PACE	PACE E-MAIL ADDRESS	

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return this form to Pace University.

New York State Public Health Law requires institutions, including colleges and universities, to make information about meningococcal meningitis available. As such, please review the important fact sheet and link below before beginning the immunization documentation process.

[Meningococcal Meningitis Fact Sheet](#)

Part Two: Meningococcal Meningitis

*This part is not optional, **all students must** fill this part out. You must check **THE BOX** and **SIGN BELOW** to be compliant with **NYSDOH Public Health Law 2167**. For students under the age of 18, the signature of a parent or guardian is also required.*

☐ I have read or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccination. I have decided that I (my child) will **not** obtain immunization against meningococcal disease.

STUDENT'S SIGNATURE	DATE	PARENT/GUARDIAN'S SIGNATURE	DATE
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Updated 1/2024

Instructions for the Immunization Requirement Form

Return the signed and completed form online through the Patient Portal at:

<https://www.pace.edu/patientportal>

Return by the following dates:

Fall Term: August 1 | Spring Term: December 1 | Summer I Term: May 1 | Summer II Term: June 1

ALL SUPPORTING DOCUMENTATION MUST CLEARLY SHOW THE DATES OF VACCINATIONS ON THEM.

PART TWO: MENINGOCOCCAL MENINGITIS: To be filled out completely by the student.

On July 22, 2003, Governor Pataki signed New York State Public Health Law (NYS PHL) 2167 requiring institutions, including colleges and universities, to distribute information about meningococcal disease and vaccination to all students meeting the enrollment criteria, whether they live on or off campus.

Pace University is required to maintain a record of the following for each student:

- Certificate of Immunization for meningococcal meningitis disease; **or**
- A response to receipt of meningococcal meningitis disease and vaccine information signed by the student or the student's parent or guardian; the meningococcal meningitis immunization must have been administered within the past 5 years; **or**
- An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the student or student's parent or guardian.

Resident first-year students are **strongly encouraged** to receive a meningitis vaccination.

Students in a **nursing** program or a **physician assistant** program **must complete** this part of the form and submit with a copy of the blood titer results required for participation in those programs.

The University Health Care (UHC) Office can assist you in fulfilling these requirements. Inoculations can be administered for Measles, Mumps, and Rubella (MMR). The Meningitis vaccine may be available. You may contact them directly at the numbers below to make an appointment.

New York UHC (212) 346-1600 Westchester UHC (914) 773-3760

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