



Meningitis Vaccine Reporting Form

Directions: Please sign and return this form to Student Health Services of Rider University. Indicate that you have read the meningitis information letter and you understand that a vaccine is available. You must complete the required information in one of the following 3 options. This form is required by the New Jersey Department of Health and must be on file in our office prior to your first semester.

In accordance with State Law #808, each four-year public or private institution of higher education in the state of New Jersey must provide all prospective students with information regarding meningococcal meningitis (Strains A, C, Y, W-135), the benefits of the meningitis vaccine, and develop procedures for facilitating, receiving and recording the student's decision to receive the vaccination. ALL STUDENTS WHO RESIDE ON CAMPUS ARE REQUIRED TO RECEIVE THE VACCINE (A,C,Y, W-135). Please note: The new meningitis B vaccine is recommended, but not required. This is a 2-3 shot series administered between the ages of 16-23. Please discuss this vaccine with your primary provider.

Option #1: If you wish to receive the vaccine through Rider University Student Health services. Please fill out this section.

Name of Student: _____ ID# _____

Option #2:

Name of Student: _____ ID# _____

has read the enclosed information regarding meningitis and has discussed with their primary doctor. The vaccine has/will be administered on this date: _____. Please note: A booster dose of meningitis is recommended if the first vaccine was administered before age 16 to increase immunity. All students residing on campus must show proof of at least one immunization on this record or the Health record or an official immunization record.

Option # 3: (*For commuter students only)

Name of Student: _____ ID# _____

Has read and understands the enclosed information regarding meningitis and has chosen to decline vaccination at this time. I am a commuter student and will not be residing on campus.