



Cornell University
Athletics & Physical Education
Camps & Clinics

Bartels Hall
554 Campus Road
Ithaca, NY 14853
T. 607.255.1200
F. 607.255.2213
camps@cornell.edu
cornellcamps.com

MENINGITIS FORM

Only required if residing on campus for seven or more consecutive nights.

Dear Camper and Parents,

New York State Public Health Law requires the operator of overnight children's camps to maintain a completed response form from every camper who attends camp for seven or more nights.

Please check one of the following responses:

- My child has had the meningococcal meningitis immunization (Menomune) within the past 10 years. Date of immunization: _____
(Note: The vaccine's protection lasts for approximately 3-5 years; revaccination should be considered after 3-5 years)

- I have read, or have had explained to me, the information regarding meningococcal meningitis disease (attached). I understand the risks of not receiving the vaccine. I have decided **NOT** to have my child immunized against the meningococcal meningitis disease.

Signed: _____ Date: _____
(Parent/Guardian)

Name of camper: _____

Camp(s) Attending: _____