



HOBART AND WILLIAM SMITH
COLLEGES

Hubbs Health Center

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MENINGOCOCCAL VACCINATION RESPONSE FORM

After reviewing the educational information on the Hubbs Health Center website, regarding meningitis and the benefits of vaccination, please check the appropriate box below to indicate vaccination status.

Please check only **ONE** box below:

I have (for students under the age of 18: My child has):

- I (my child) received the meningococcal vaccine (MenACWY and/or MenB (2 or 3 dose series) within the past 5 years. **Please attach the vaccine record.**
- I understand the risks of the meningococcal disease, and the benefits of immunization at the recommended ages. I have decided that I (my child) will **not** obtain the immunization against meningococcal disease at this time.

Signed: _____ Date: _____
(Student or Parent/Guardian if student is a minor)

Student's name (Print): _____ Student Date of Birth: _____

Please return completed **fall** semester forms to the Hubbs Health Center by **June 16, 2025**. Forms can be emailed to Hubbs@hws.edu

Please return completed **spring** semester forms to the Hubbs Health Center by **January 5, 2026**. Forms can be emailed to Hubbs@hws.edu

