

## **Queensborough Community College**

## How to Submit Meningitis Acknowledgement Form

New York state law prohibits students from enrolling in classes until they have submitted their Meningitis Acknowledgement form online or in person. This requirement is enforced by the placement of a Service Indicator that prevents student from registering for classes. To remove this service indicator, follow the steps below.

Step 1 Go to https://home.cunyfirst.cuny.edu and login using your username and password.

## Step 2 Navigate to Student Center >> Tasks and Holds >>

Step 3 Click on 'To Do List' then click on 'Meningitis Acknowledgement'. See image below.

To Dos				
To Do List				
Item List				
To Do Item	Due Date	Status	Institution	Administrative Function
Meningitis Acknowledgemer	03/22/2022	Initiated	Queensborough CC	General
Cancel				

Step 4 Click on "Complete Meningitis Response Form' as seen below:

		×					
To Do List							
To Do Item Detail							
Meningitis Acknowle	dgement						
Academic Institution:	Queensborough CC						
Administrative Function:	General						
Due Date:	03/22/2022						
Contact:	Health Services Office						
Department:	Health Services Office						
Phone:	718/631-6375						
healthservices	@qcc.cuny.edu						
Description							
New York State Public Health Law 2167 requires all students to acknowledge receiving information about meningitis. Students must submit the Meningitis Acknowledgement Form prior to being allowed to register for classes. If you have any questions, please contact your campus Health Services Office.							
Return							
		1					
	Complete Meningitis Response Form						

**Step 5** After reading the form that provides critical facts about meningococcal disease, **select one of the three checkboxes** to create a record of your decision regarding Meningitis immunization.

**Please note**: if the first option is selected, the service indicator will be released when your Meningitis vaccination record is submitted to QCC's Health Service Office. To release the Missing Meningitis Form service indicator immediately so you can register for classes as soon as possible, select the second or third option.

**Step 6** Your last step is to click the **Submit** button at the bottom of the form.

See sample form below:

soon to the symptoms appear? symptoms may appear two to ten days after exposure, but usually within five days.
t is the treatment for meningococcal disease? iotics, such as penicillin G or ceftriaxone, can be used to treat people with meningococcal disease.
a safe and effective vaccine is available. The vaccine is 85% to 100% effective in preventing four kinds of ria (serogroups A, C, Y, W-135) that cause about 70% of the disease in the United States. The vaccine is with mild and infrequent side effects such as redness and pain at the injection site, lasting up to two days. vaccination, immunity develops within 7 to 10 days and remains effective for approximately 3 to 5 years. As any vaccine, vaccination against meningitis may not protect 100% of all susceptible individuals.
do I get more information about meningococcal disease and vaccination? act your family physician. Additional information is also available on the Web sites of the New York State intment of Health, <u>www.health.state.ny.us</u> ; the Centers for Disease Control and Prevention, <u>.cdc.gov/ncid/dbmd/diseaseinfo</u> or call them at 1-800-232-2522 (English, 0233 (Spanish); and the American age Health Association, <u>www.acha.org</u> .
k <u>one</u> box and click submit.
had meningococcal immunization within the past 5 years. Please go to the Campus Health Center to submit the vaccination record (you will not be able to register for classes until you submit the record to the Health Center).
read, or have had explained to me, the information regarding meningococcal disease. I will obtain immunization against meningococcal disease within 30 days from my private health care provider.
read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine. I have decided that I will not obtain immunization against meningococcal disease.
to List Submit