

**AMERICAN ACADEMY McALLISTER
INSTITUTE OF FUNERAL SERVICE, INC.**



1501 BROADWAY, SUITE 705, NEW YORK, NY10036 (212) 757-1190 (866) 932-2264 FAX: (212) 765-5923
email: info@aami.edu web: www.aami.edu

Dear Prospective Student/Parent:

I am writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis. New York State Public Health Law (NYS PHL) §2167 requires institutions, including colleges and universities, to distribute information about meningococcal disease and vaccine to all students meeting the enrollment criteria, whether they live on or off campus.

The American Academy McAllister Institute of Funeral Service is required to maintain documentation of each of the following for each student:

- A response to receipt of meningococcal disease and vaccine information signed by the student or student's parent or guardian

AND EITHER

- A record of meningococcal immunization within the past 5 years; OR
- An acknowledgement of meningococcal disease risks and refusal of meningococcal immunization signed by the student or student's parent or guardian.

Meningococcal disease is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. Meningococcal disease can cause serious illnesses such as infection of the lining of the brain and spinal column (meningitis) or blood infections (sepsis). The disease strikes quickly and can lead to severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even lead to death.

Meningococcal disease can be easily spread from person-to-person by coughing, sharing beverages or eating utensils, kissing, or spending time in close contact with someone who is sick or who carries the bacteria. People can spread the bacteria that causes meningococcal disease even before they know they are sick. There have been several outbreaks of meningococcal disease at college campuses across the United States.

The single best way to prevent meningococcal disease is to be vaccinated. The meningococcal ACWY (MenACWY) vaccine protects against four major strains of bacteria which cause about two-thirds of meningococcal disease in the United States (U.S.). The MenACWY vaccine is recommended for all U.S. teenagers and young adults up to age 21 years. Protection from the MenACWY vaccine is estimated to last about 3 to 5 years, so young adults who received the MenACWY vaccine before their 16th birthday should get a booster dose before entering college. The meningococcal B (MenB) vaccine protects against a fifth type of meningococcal disease, which accounts for about one-third of cases in the U.S. Young adults aged 16 through 23 years may choose to receive the MenB vaccine series. They should discuss the MenB vaccine with a healthcare provider.

(continued on reverse)

All private insurance plans not grandfathered under the Affordable Care Act are required to cover the cost of MenACWY and MenB vaccines. Contact your health insurance plan to determine whether it covers MenACWY and MenB vaccines. The federal Vaccines for Children (VFC) and NYS Vaccines for Adults (VFA) programs will cover both MenACWY and MenB vaccines for children and adults who have no health insurance or whose health insurance does not cover these vaccines, as well as for children less than 19 years of age who are American Indian or Alaska Native or eligible for Medicaid or Child Health Plus.

A vaccine is available to protect you against the four types of bacteria that cause meningitis in the United States. The average cost of the vaccination is \$100 to \$150. I encourage you to contact your personal physician about being vaccinated.

Please carefully review the attached Meningococcal Disease Fact Sheet. It is also available on the New York State Department of Health website at www.health.ny.gov/publications/2168.pdf. **Please complete the Meningococcal Vaccination Response Form and return it to:**

AAMI
1501 Broadway, Suite 1102
New York, NY 10036
Fax: 212-765-5923
Email: info@aami.edu

You can also find information about the disease on the Centers for Disease Control and Prevention website at <https://www.cdc.gov/meningococcal/>.

I urge you to review the enclosed documents carefully. Kindly complete the meningococcal meningitis response form and return it to AAMI at your earliest convenience. Please note the response form must be returned to us no later than 30 days after you start classes. Failure to comply, may lead to disciplinary action taken against you.

Sincerely,

Donald Cymbor
President

Attachment: [New York State Department of Health Meningococcal Disease Fact Sheet](#)

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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 the following form to American Academy McAllister Institute of Funeral Service.

Check one box and sign below.

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

had meningococcal immunization within the past 5 years. The vaccine record is attached.

[Note: The Advisory Committee on Immunization Practices recommends that all first-year college students up to age 21 years should have at least 1 dose of Meningococcal ACWY vaccine not more than 5 years before enrollment, preferably on or after their 16th birthday, and that young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.]

read, or have had explained to me, the information regarding meningococcal disease. I (my child) 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 (my child) will **not** obtain immunization against meningococcal disease.

Signed _____
(Parent / Guardian if student is a minor)

Date _____

Print Student's name _____

Student _____ / _____ / _____
Date of Birth

Student E-mail address _____

Student ID# _____

Student Mailing Address _____

Student Phone number () _____