

**ELIGIBILITY AND SCREENING FORM
MENINGOCOCCAL VACCINE**

A recent outbreak of invasive meningococcal disease (IMD) has occurred among some residents of New York City (NYC). The NYC Department of Health and Mental Hygiene (DOHMH) has identified that certain people are at risk of acquiring IMD and should be offered vaccine.

Vaccine against invasive meningococcal disease is recommended for the following groups of New York City residents:

- Men who have sex with men, who are at least 18 years of age, and are HIV-infected.
- Men who have sex with men, who are at least 18 years of age, who regularly have close or intimate contact with men met through online websites, digital applications (“apps”), or at bars or parties.

Do you meet either of the criteria listed above? Yes No

If you would like to be vaccinated, you will be asked a couple of questions about your health, fill out some paperwork, and receive the vaccine.

If you answered NO, you are not eligible to be vaccinated at this time because you are not considered to be at increased risk for meningitis.

SCREENING SECTION

1. Do you have an illness more serious than a cold today? Yes No
2. Have you ever had a serious allergic reaction to the meningitis vaccine? Yes No
3. Have you ever been diagnosed with a condition called Guillain-Barré? Yes No

Vaccine Information Sheet Given

CONSENT SECTION

1. I have received a Vaccine Information Statement (VIS) Yes No
2. I grant permission to administer the meningococcal vaccine Yes No
3. I grant permission for this immunization to be submitted to the the NYC Citywide Immunization Registry (CIR) Yes No

Signature _____ Print Name _____ Date _____

Vaccination Section

Date: _____

Clinic Site: _____

Name: _____

First name

Middle Initial

Last name

Date of Birth: _____

Gender: _____

Patient Address: _____

Building Number, Street Name, Apt

City, State, Zip Code

Patient Phone Number: _____

Vaccine	Manufacturer: _____	Lot #:
	Expiration Date:	Anatomic Site:
Date	Dose 1:	Dose 2:
VIS Edition Date: 10/14/2011		

Signature of Vaccinator: _____

Title of Vaccinator: _____