



## MENINGITIS RESPONSE FORM

New York State requires that you be informed about meningococcal illness and why it is dangerous. Briefly, it is a bacterial infection that is potentially life-threatening. It often begins with symptoms that can be mistaken for flu, but unlike more common infections it can get worse very rapidly and can cause death in as little as 24 – 48 hours. It can also cause permanent disabilities such as amputations, scarring, hearing loss and brain damage. It is spread from person to person by droplets that are released by coughing or sharing eating utensils, or kissing. While anyone can get this disease, college students living in residence halls are at modestly increased risk for meningitis and may wish to consider vaccination. While the vaccine does not eliminate the risk of meningococcal illness, it is very effective in protecting against 4 of the strains of bacteria including the strain most commonly found on college campuses. More information including our meningitis policy is found on Le Moyne College Health Services website ([www.lemoyne.edu/wellness](http://www.lemoyne.edu/wellness)), and can also be found at the CDC website ([www.cdc.org](http://www.cdc.org)) or at the American College Health Association website ([www.acha.org](http://www.acha.org)). You can also speak with your physician regarding this important decision.

New York State Public Health Law requires that **all** college students complete and return this form to Le Moyne College Health Services. **All students** must complete this form and have it on file in the Student Health Services office by **August 10** for the fall semester and by **January 10** for the spring semester. Students will be held out of class and will not be able to register for any further classes until compliance is achieved.

Check one statement and sign below.

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

\_\_\_ had the meningitis vaccine (meningococcal polysaccharide sero-groups A/C/Y/W135) within the past 10 years **and I am providing the documentation, from a doctor or school.**

\_\_\_ read, or have had explained to me, the information regarding meningococcal meningitis. I understand the risks of not receiving the vaccine. I have decided that I will not obtain immunization against meningococcal meningitis.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian if student is a minor)

Print Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last four digits of Student's Social Security Number: \_\_\_\_\_