

MUST BE COMPLETED AND SUBMITTED
Le Moyne College

MENINGOCOCCAL MENINGITIS VACCINATION
RESPONSE FORM

New York State requires that you be informed about meningococcal disease 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 disease, 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 Student Health Website (www.lemoyne.edu), and can also be found at the CDC website (www.cdc.org) or at the American College Health Association website (www.acha.org). You also can speak with your physician regarding this important decision.

New York State Public Health Law requires that all college students complete and return the following form to Le Moyne College Student Health Services. **All students** must complete this form and have it on file in the Student Health Office within 30 days of the beginning of the 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:

___ had the meningitis vaccine (meningococcal polysaccharide serogroups 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 disease. I understand the risks of not receiving the vaccine. I have decided that I will not obtain immunization against meningococcal meningitis disease.

Student Signature: _____ Date: _____

Print Student's name: _____

Date of Birth: _____

Student's Social Security number: _____

