



Meningococcal Disease Information and Waiver

Name: _____

WCU ID: _____

Meningococcal disease is a rare but potentially fatal bacterial infection, expressed as either meningitis (infection of the membranes surrounding the brain and spinal cord) or meningococemia (bacteria in the blood).

The Advisory Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Control and Prevention (CDC) recommends that college freshmen (particularly those who live in residence halls or other student living accommodations) be informed about meningococcal disease and the benefits of vaccination, and that students who wish to reduce their risk for meningococcal disease be immunized. Other undergraduate students who wish to reduce their risk for meningococcal disease may also choose to be vaccinated.

Under the terms of the College and University Student Vaccination Act, students living in campus housing must be immunized against meningococcal disease or sign a waiver that they have received detailed information on the risks associated with meningococcal disease and the availability and effectiveness of a vaccine and that they choose not to be vaccinated. The CDC now recommends a booster dose for those 16 years of age who received their initial dose at age 11-12. If the initial dose was given at 13-15 years, the booster dose should be given at 16-18 years of age. If the initial dose was given after the 16th birthday, no booster is needed, except where there is continuing risk. Refer to Meningitis Vaccine Information Sheet at <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html>

All students living in on-campus housing must either be immunized against meningococcal disease or submit a waiver in accordance with the College and University Student Vaccination Act.

Please check one of the following options:

- I have received my meningitis vaccination.**
Date Meningitis Vaccination or Booster: _____ (MM/DD/YYYY)

- I have not received my meningitis vaccination, but I have received information and literature on the risks of meningococcal disease and the availability and benefits of vaccination.**

By signing, I hereby attest that I understand the risks of meningococcal disease and will still live on campus:

Signature

Signature of Parent (if under 18 years old)

Date

Parent's Printed Name (if under 18 years old)