



Chestnut Hill College Health Office
MENINGITIS INFO SHEET AND WAIVER FORM
MENINGITIS ON CAMPUS

College students living in residence halls are at increased risk for meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis.

The Pennsylvania House and Senate passed a law concerning resident students and vaccination against meningococcal meningitis. The law requires the Health office to have documentation of either your vaccination or a signed statement declining the vaccination if you live in the college dormitories.

- **What is meningococcal meningitis?** Meningitis is rare. But when it strikes, this potentially fatal bacterial disease can lead to swelling of fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.
- **How is it spread?** Meningococcal meningitis is spread through the air via respiratory secretions or close contact with an infected person. This can include coughing, sneezing, kissing or sharing items like utensils, cigarettes and drinking glasses.
- **What are the symptoms?** Symptoms of meningococcal meningitis often resemble the flu and can include high fever, severe headache, stiff neck, rash, nausea, vomiting, lethargy and confusion.
- **Who is at risk?** Certain college students, particularly freshmen who live in dormitories or residence halls, have been found to have an increased risk for meningococcal meningitis. Other undergraduates can also consider vaccination to reduce their risk for the disease
- **Can meningitis be prevented?** Yes. A safe and effective vaccine is available to protect against four of the five most common strains of the disease. The vaccine provides protection for approximately three to five years. As with any vaccine, vaccination against meningitis may not protect 100 percent of all susceptible individuals.

MENINGITIS VACCINATION WAIVER

I have received and read or had explained to me the information in the Meningococcal Vaccine Information statement for Meningococcal disease. I understand that college students living in dorms are at an increased risk for contracting meningitis. I decline to have the vaccination at this time.

Signature _____

Date _____

Print name _____

Year of Graduation from college _____

OR

MENINGITIS VACCINATION

I received either the menomune or the Menactra vaccine

Signature _____

Graduation year _____

Print name _____

Date Received: _____ Note: _____