**MENINGITIS INFORMATION SHEET**

**All students (or a parent if under 18), must read and complete response form below.**

***Form can be completed on the Student Health Portal. If student is under the age of 18, return via fax to: 973:761-9193 or via mail to: Seton Hall Health Services, 400 South Orange Avenue, South Orange, NJ 07079***

**Meningococcal Disease among College Students**

Meningococcal meningitis is a serious disease that causes the protective membranes of the brain and spinal cord (meninges) to become infected and swell. Meningitis is spread through direct contact with infected respiratory and oral secretions. Symptoms of meningitis can occur quickly or over several days. Meningitis is very serious and can be fatal. In fatal cases, death can occur in as little as a few hours. In non- fatal cases, permanent disabilities can include brain damage, hearing loss and amputation of toes, fingers or limbs.

The Centers for Disease Control and Prevention (CDC) recommends that all adolescents and young adults be vaccinated. A booster is recommended after five years due to waning immunity. Both the CDC and the American College Health Association recognize students living in college dormitories as having a high risk of infection.

Seton Hall University Health Services advises that all students who reside in campus housing receive vaccination to protect against Meningitis. There are currently 2 different vaccines available which protect against different strains of Meningitis. The serogroup ACWY vaccine (Menactra or Menveo) which is a requirement for those students living on campus and the serogroup B vaccine (Bexsero or Trumenba) which we highly recommend for students living on campus. All college age students can benefit from protection from Meningitis. Please see the Vaccine Information Forms for both Meningitis Vaccines for more information or call our office if you have any additional questions or concerns related to these vaccines.

Students may go to their private physician or other healthcare providers for administration of the meningitis

Vaccine(s). Arrangements can also be made with the Seton Hall Health Services for administration of the

Meningitis vaccine.

**Complete and Sign all indicated below:**

**Yes**  *I have reviewed the information above about meningitis, the vaccines, and their availability.*

**Yes** 􀀀 **No** 􀀀 I have received the meningococcal (serogroup ACWY- Menactra or Menveo) vaccine. (Please note, this vaccine is required for students who will be living on campus)

Date #1 \_\_/\_\_/\_\_ #2 \_\_/\_\_/\_\_

**Yes** 􀀀 **No** 􀀀 I have received the meningitis (serogroup B-Bexsero or Trumenba) vaccine. (Please note, this vaccine is not required, but is highly recommended for students living on campus at this time)

Date #1 \_\_/\_\_/\_\_ #2 \_\_/\_\_/\_\_ #3\_\_/\_\_/\_\_

**􀀀** I have read the information regarding meningococcal meningitis disease. I understand the risks

and benefits of immunization against meningococcal meningitis. I have decided at this time that **I will**

**NOT** **obtain the immunization against meningococcal meningitis disease**. I understand that I may choose

in the future to be immunized against meningococcal meningitis.

**Name (please print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(If student is under the age of 18 a parent’s or guardian’s signature is required)**

**This signature shall become part of the student’s health record and is being required by New Jersey law, P.L. 2000c.25.**

***Please Call: 973-761-9175 if you have any questions or concerns.***