



## MENINGOCOCCAL MENINGITIS IMMUNIZATION

Washburn University, to reduce the risk of spread of meningococcal meningitis on campus, requires all students living in a University residential living facility to either receive meningococcal immunization (and provide verification thereof), or expressly decline such an immunization prior to moving into University housing.

- Meningococcal meningitis is a contagious but largely preventable infection of the fluid around the brain and spinal cord.
- This serious illness can cause death within hours of onset; at least one in ten cases is fatal; and survivors of the disease may be left with a severe disability such as loss of limb, mental retardation, paralysis, deafness or seizures.
- College students, particularly freshmen living in residence halls, are at a moderately increased risk of contracting meningococcal meningitis.
- Immunizations exist which significantly decrease the risk of contracting meningococcal meningitis.
- Vaccination for meningococcal meningitis is available, for a fee, to all WU students at University Student Health Services.

I have read the above, realize the potential severity of meningococcal disease, and understand that I will not be permitted to move into any University residential living unit unless I *either* provide verification of receipt of immunization against the disease before move-in or I provide a waiver.

Please check one of the selections below, then sign:

I have been vaccinated against meningococcal meningitis.

**Written certification by the health care provider performing vaccination is required.**

See next page for the appropriate *Health Provider Certification* form; other documentation should be cleared with Student Health.

I voluntarily, knowingly and intentionally decline immunization for religious or other reasons, and assume all risks associated with declination of the immunization.

\_\_\_\_\_  
Student Name (*printed legibly*)

\_\_\_\_\_  
WIN

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or guardian signature (*if student is under 18*)

\_\_\_\_\_  
Date

**Minors who turn 18 after moving into University housing will be required to update this form with their signature upon achieving majority status.**

**MENINGOCOCCAL MENINGITIS IMMUNIZATION**  
**Health Care Provider Certification**



I certify that \_\_\_\_\_ DOB \_\_\_\_\_

received  *Menactra*  *Menomune* on \_\_\_\_\_ (date)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

MD / DO / NP / PA / RN / LPN  
*Circle appropriate designation*

\_\_\_\_\_  
Facility

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, ST (Zip Code)

Please mail or fax this form to:

Washburn University Student Health Services  
1700 SW College Avenue  
Topeka, KS 66621  
785.670.1029 (fax)