Meningococcal Meningitis Form
Coe College

Name_____ _____ _____ Date_____
Last First MI

Date of Birth_____

The state of Iowa requires that incoming students who will be residing in a campus residence hall receive information regarding the risks associated with Meningococcal disease and the effectiveness of the vaccine available to prevent this disease. The student who resides in campus housing must affirm whether he or she has received the vaccine against Meningococcal disease and must provide the date of the vaccination, if any.

The Advisory Committee on Immunization Practices (ACIP) of the U. S. Centers for Disease Control and Prevention (CDC) and the American College Health Association (ACHA) recommend college freshman, especially those living in a residence hall setting, be informed about Meningococcal disease and the benefits of vaccination and those students who wish to reduce their risk for Meningococcal disease be immunized. Other students who wish to reduce their risk for Meningococcal disease may also choose to be vaccinated.

There are two types of meningitis vaccines available: Menomune and Menactra.

Meningococcal Meningitis
Meningococcal disease is a rare but potentially fatal bacterial infection, known as meningitis (infection of the membranes surrounding the brain and spinal cord) or meningococcemia (bacteria in the blood). Meningococcal disease strikes about 3,000 Americans each year and is responsible for about 300 deaths annually. The disease is spread by airborne transmission (coughing) and saliva. The disease onset is very quick and without warning. Rapid intervention and treatment is required to avoid serious illness and/or death. There are 5 different subtypes of Meningococcal Meningitis. The current vaccine does not protect against group B, but it does protect against the most common strains of the disease, including groups A, C, Y, and W-135. There are currently two vaccinations available to protect against Meningococcal Meningitis – Menomune and Menactra.

_____ I hereby certify that I have read this information and **I have received the vaccine for Meningococcal Meningitis**. **Date of immunization:**_____/_____/_____
Menomune _____ Menactra _____

_____ I hereby certify that I have read this information and **I have elected *not* to receive the vaccine for Meningococcal Meningitis.**

Signature of student or parent/guardian (if student is under 18)_____
For more information about Meningococcal Meningitis disease, consult the Center for Disease Control and Prevention Website at: **www.cdc.gov/health/default.htm**