



# MENINGOCOCCAL FORM

FORM DUE DATE	
Fall Semester	June 30th
Spring Semester	December 15th

Name: (Please Print) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**This form must be completed, dated, and signed by ALL students regardless of age or status and submitted to Health Service before the semester begins.**

**If you are a new incoming Centenary College student or prior commuter student and will reside on campus for the first time, you are mandated to receive the Meningococcal Vaccine before moving into your resident hall.**

**COMMUTERS ARE EXEMPT FROM THE MENINGOCOCCAL VACCINE.**

**Circle one:      RESIDENT    or    COMMUTER**

Meningococcal Meningitis is a contagious, potentially life-threatening bacterial infection that causes hearing loss, learning disability, limb amputation, kidney failure, and/or death. Although the disease is rare, outbreaks of meningitis on college campuses have occurred in recent years. While the reasons are not yet fully understood, students residing on campus appear to be at higher risk for the disease than college students overall.

Vaccination is an effective way for students to protect themselves against possible infection. The vaccine is 85 to 100 percent effective in preventing four strains of the meningococcal meningitis disease, which together account for nearly 70 percent of meningitis cases on campuses. The vaccine is safe, with mild and infrequent side effects. Onset of meningitis symptoms can be easily mistaken for the flu and include high fever, headache, stiff neck, nausea, vomiting, confusion and a rash. Meningitis progresses rapidly so quick action is urgent. The sooner treatment begins, the better the chances for a complete recovery.

The American College Health Association and the New Jersey Department of Health now recommend that all college students consider vaccination against meningococcal meningitis. Students and parents should consult with their healthcare provider about receiving this vaccination prior to matriculating or returning to college.

I have read the above information about Meningococcal Meningitis, the effectiveness and availability of the vaccine.

Yes       No

DATE VACCINATED:      Menactra: (1) \_\_\_\_\_ (\*2 if needed): \_\_\_\_\_

Administered by: Health care Provider:     Health Service:     Other:

\* If the vaccine was administered 5 or more years ago, a second dose is strongly recommended.

I have decided not to receive the Vaccine for Meningococcal Meningitis. \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

The Meningococcal Vaccine is available through Health Services. Please call (908) 8521400 ext. 2206 if you have any questions.