

Meningitis Fact Sheet

Pennsylvania passed Senate Bill 955 on **June 28, 2002** requiring all students wishing to reside in university owned housing to provide either proof of vaccination for meningitis or a signed waiver requesting exemption after having received information on the risks associated with meningococcal disease and the availability and effectiveness of the vaccine.

College students are at increased risk for meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis. In fact, freshmen living in residence halls are found to have a six-fold increased risk for the disease. The American College Health Association recommends that college students, particularly freshmen living in residence halls, learn more about meningitis and vaccination. At least 70% of all cases of meningococcal disease in college students are vaccine preventable.

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 residence halls, have been found to have an increased risk for meningococcal meningitis. Other undergraduates should 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. Adverse reactions to the meningitis vaccine are mild and infrequent, consisting primarily of redness and pain at the injection site, and rarely, a fever. As with any vaccine, vaccination against meningitis may not protect 100 percent of all susceptible individuals. It does not protect against viral meningitis.

For more information: To learn more about meningitis and the vaccine, visit the websites of the Centers for Disease Control and Prevention (CDC), www.cdc.gov/ncidod/dbmd/diseaseinfo, and the American College Health Association, www.acha.org. If you have questions call the McLachlan Student Health Center at (724) 738-2052.

ATTACH PROOF BELOW:

Student Name _____

SIGNATURE OF HEALTHCARE PROVIDER OR STAMPED IMMUNIZATION RECORD

Health History

Personal History

(PLEASE PRINT)

Name _____
Last First M. I.

HAVE YOU HAD? (circle choice)	Yes	NO	HAVE YOU HAD? (circle choice)	Yes	NO
Recurrent Headache			Epilepsy		
Eye Problem			Seizures		
Ear Problem			Dizziness		
Nose Problem			Fainting with exercise		
Throat Problem			Head Injury		
Thyroid Disorder			Concussion		
Heart Murmur			Bone Injuries		
Heart Disease			Joint Injuries		
Heart Palpitations			Stomach Problems		
High Blood Pressure			Intestinal Problems		
Low Blood Pressure			Diabetes		
Anemia			Eating Disorder		
Sickle Cell			ADD		
Bleeding Disorders: Hemophilia/Other			ADHD		
Hepatitis			Chicken Pox Vaccine		
Kidney Disorders			Chicken Pox Illness		
Bladder Disorders			Mononucleosis		
Pneumonia			Alcohol Abuse		
Bronchitis			Drug Abuse		
Tuberculosis			Sexual Assault		
Seasonal Allergies/Hay Fever			Victim of Violence		
Asthma			Emotional Problems-Specify below:		
Surgeries:					
Hospitalizations:					

List any medications that you are allergic to? _____

List any allergies to food, latex, herbal and over-the-counter medications? _____

List any other allergies? _____

List any medication you are currently taking? _____

Any other disease, illness, past surgeries, permanent disabilities or concerns? _____

Are you currently being treated by a health care professional? If yes, explain _____



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Accreditation Association for Ambulatory Health Care, Inc.

Return completed forms to:
Health Records
McLachlan Student Health Center
Slippery Rock University
1 Morrow Way
Slippery Rock, PA 16057-1383

Ph: (724) 738-2052
Fax: (724) 738-2078
TDD: (724) 738-4505

Health History

Health Services
Division of Student Life

				Date	
Please Print or Type					
Student Last Name, First Name, MI				Social Security # (Last 2 digits)	
Address					
City		State		Zip	
Telephone	Cell Phone	Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

Emergency Contacts			Parents/persons to be contacted in case of an emergency. Please list two contacts.		
1. Name		Relationship		Home Phone	
Address				Indicate Cell or Work phone	
2. Name		Relationship		Home Phone	
Address				Indicate Cell or Work phone	

PRIMARY CARE PHYSICIAN	
Address	
Phone	
Fax	

INSURANCE INFORMATION					
Complete data below and attach copies of both sides of your insurance and prescription cards.					
Insurance Co. Name				Member Benefits Phone Number	
Address (to send claims)					
City		State		Zip	
I.D. #			Group #.		
Insured's Name (policyholder/responsible party)				Insured's Birth Date	Relationship to Insured <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other
Prescription Card Name		Sponsor #	Card Member #		Customer Service Phone #

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