



## 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 *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. The attached form may be sent to WU Student Health Services for this purpose; other documentation should be cleared with Student Health – 785-670-1470 or wudoc@washburn.edu.)

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 \_\_\_\_\_

\_\_X\_\_\_\_\_  
Student signature

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

\_\_X\_\_\_\_\_  
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 CERIFICATION**

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

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

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

\_\_\_\_\_  
Name MD / DO / NP / PA / RN / LPN  
Circle appropriate designation

\_\_\_\_\_  
Facility \_\_\_\_\_  
Phone number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/ST/Zip

Please mail or fax this form to:

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



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