

## 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, intellectual disability, 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. Documentation or proof of vaccination is **required** and may be sent to WU Student Health Services at studenthealth@washburn.edu, or mailed to WU Student Health Services, 1700 SW College Ave. MO 140, Topeka, KS 66621, or Fax to 785-670-1029. Please contact Student Health Services at 785-670-1470 with questions.

☐ 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: \_\_\_\_\_