

**ALL STUDENTS APPLYING FOR ADMISSION MUST COMPLETE THIS PAGE,
PROVIDING DOCUMENTATION OF VACCINATION FOR MENINGITIS
OR
BY SIGNING THE BELOW WAIVER**

REQUIRED: Meningococcal Meningitis Vaccine Information Form

Name: _____

FGCU Student ID# _____ Date of birth: _____

Meningococcal meningitis is an infection of the fluid of the spinal cord and brain, caused by a virus or bacteria and usually spread through exchange of respiratory and throat secretions (i.e. coughing, kissing). Bacterial meningitis can be quite severe and may result in brain damage, hearing loss, learning disability or death.

Meningitis is a rare but potentially dangerous illness that mainly affects children and young adults. However, college-aged students have a greater potential risk of outbreaks than the general population due to a prevalence of risk factors that are often part of campus life. These risk factors include dormitory living, active and passive smoking, bar patronage, and alcohol consumption (more than 15 drinks per week).

The vaccine is given as a single dose. The current vaccine provides protection for 5 to 8 years.

As with any vaccine, vaccination may not protect 100% of all susceptible individuals. The vaccine provides immunity for most types of bacterial meningitis. There is not a vaccine for the viral type of meningitis.

_____ *I have received the meningitis vaccine as follows:*

- Date meningitis vaccine received: _____
- Office stamp to include name of physician and/or medical facility where vaccine provided:
(Place stamp here)

- _____ Date: _____
Signature of health care provider Phone Number

WAIVER/EXEMPTION

_____ *I have read the above information pertaining to meningitis. Despite the fact that I understand the risks involved, I refuse to receive the meningitis vaccine.*

- _____ Date: _____
Signature of student (or parent/legal guardian if under 18 years of age)

- _____ Date: _____
Signature of witness