

## FAST FACTS ABOUT MENINGOCOCCAL DISEASE AND VACCINATION

**Q. What is meningococcal disease and why is it so dangerous?**

**A.** Meningococcal disease is a bacterial infection. It can cause *meningitis* – severe swelling of the brain and spinal cord. It can also lead to *sepsis* – a potentially life-threatening infection of the blood.

Meningococcal disease is very dangerous because it often begins with symptoms that can be mistaken for influenza or another respiratory infection. But unlike more common infections, meningococcal disease can get worse very rapidly and it can kill an otherwise healthy young adult in a little as 24 to 48 hours. In fact, 10%, and in some cases as many as 23%, of those who develop meningococcal disease may die. Of those who survive, 11% to 19% will suffer from permanent disabilities, including amputations, scarring, hearing loss, and brain damage.

**Q. How is meningococcal disease spread?**

**A.** The bacteria that causes meningococcal disease (*Neisseria meningitidis*) can be spread from person to person by droplets that are released in the air through coughing. It can also be spread by kissing or sharing a glass or eating utensils.

**Q. Who is at risk for meningococcal disease?**

**A.** Although anyone can get the meningococcal disease, the risk for getting this disease is higher for college students living on campus. According to the Centers for Disease Control and Prevention (CDC), college freshmen living in dormitories have a 6-times greater chance of getting meningococcal disease compared with other college students. Students who smoke, drink, or spend time in crowded bars on or near campus are also at higher risk.

**Q. What are the symptoms of meningococcal disease?**

**A.** The early symptoms of meningococcal disease are similar to influenza. Many people complain of having a headache, fever, stiff neck, extreme fatigue, nausea, vomiting, and sensitivity to light. Some people also develop a purplish black-red rash of small dots (petechiae), mainly on their arms and legs. Remember, meningococcal disease can get worse very quickly, so recognizing the characteristic signs and symptoms of the disease is critical and potentially lifesaving.

**Q. Will vaccination eliminate the risk of meningococcal disease?**

**A.** Meningococcal vaccination can greatly reduce your risk of infection, but it will not completely eliminate it. The vaccine helps to protect against the strains of bacterial (*M meningitidis* A, C, Y, and W-135) that cause 68% to 83% of meningococcal disease in college-aged people. In the US military, meningococcal vaccination has been mandatory since the 1970s, and it has been associated with a 94% reduction in meningococcal disease among new recruits. Be aware, however, that the meningococcal vaccine does not protect against infection caused by strains other than A,C,Y, and W-135, and that no vaccine is guaranteed to protect 100% of susceptible individuals.

**Q. Can I get meningococcal disease from the vaccine?**

**A.** No. The vaccine does not contain any live bacteria – so it is impossible to get meningococcal disease from the vaccination. Additionally, the meningococcal vaccine is very well tolerated. The most common reactions after vaccination are mild ones, such as soreness or redness at the injection site for 1 or 2 days. A very small number of people may also experience headache, body aches, chills, and fever.

Vaccination should be avoided by persons with known hypersensitivity to any component of the vaccine. As with most vaccines, immunization should be delayed if you have any acute illness.

**Q. Who should be vaccinated against meningococcal disease?**

**A.** College students, particularly freshmen living in dormitories, should consider vaccination to reduce their risk of getting meningococcal disease. This recommendation is supported by the Advisory Committee on Immunization Practices (ACIP), the American College Health Association (ACHA) and the American Academy of Pediatrics (AAP).

In addition, 14 states have enacted legislation mandating distribution of information to students and their parents about the dangers of meningococcal disease and the availability of the meningococcal vaccine. In 6 of these states, vaccination is *required* for incoming students who are planning to live on campus, unless they sign a waiver stating that they are aware of the risk and do not wish to be vaccinated.

REQUESTS FOR ACCOMMODATIONS OF A DISABILITY MUST BE ADDRESSED TO THE DISABILITY SERVICES COORDINATOR, STUDENT SUCCESS CENTER, RESEARCH AND INFORMATION COMMONS (716) 839-8301.



**HEALTH SERVICES**

# Visual Effects Program Student Health Form

Health Services use only:

Received \_\_\_\_\_

Compliant: \_\_\_ Yes \_\_\_ No

**DAEMEN COLLEGE UPHOLDS THE NEW YORK STATE LAW WHICH REQUIRES THAT EACH STUDENT FILE WITH THE CAMPUS A RECORD OF A HEALTH HISTORY AND REQUIRED IMMUNIZATIONS PRIOR TO ATTENDANCE.**

Full clearance for course registration cannot be granted until all pre-entrance medical requirements have been met. These include:

1. Documentation of immunizations.

NEW YORK STATE LAW REQUIRES THAT ALL PERSONS ACCEPTED FOR ADMISSION TO COLLEGE MUST PROVIDE PROOF OF IMMUNITY TO MEASLES, MUMPS, AND RUBELLA IF BORN ON OR AFTER JANUARY 1, 1957. ALL STUDENTS MUST MAKE AN INFORMED DECISION ABOUT THE MENINGITIS VACCINE (SEE PAGE 4 OF THIS FORM).

STUDENTS MUST BE COMPLIANT WITH N.Y.S. LAW IN ORDER TO GUARANTEE REGISTRATION.

|                          |   |
|--------------------------|---|
| <b>MEASLES (rubeola)</b> | TWO doses of live measles vaccine given after 12 months of age and after 1968 <u>OR</u> a positive measles titer (copy of lab report must be submitted).                                  |
| <b>MUMPS</b>             | ONE dose of mumps vaccine given after 12 months of age and after 1969 <u>OR</u> a positive mumps titer (copy of lab report must be submitted).  |
| <b>RUBELLA</b>           | ONE dose of rubella vaccine given after 12 months of age and after 1969 <u>OR</u> a positive rubella titer (copy of lab report must be submitted); physician diagnosis is not acceptable. |

2. Health history.

3. Informed decision regarding meningitis vaccine (see fact sheet - page 4).

**Part I – STUDENT HEALTH HISTORY**

NAME \_\_\_\_\_  
(PRINT) Last First Middle

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

SEX:  MALE  FEMALE FIRST TIME TO ENROLL: SUMMER 20 \_\_\_\_ FALL 20 \_\_\_\_ SPRING 20 \_\_\_\_  
 FRESHMAN  TRANSFER  GRADUATE STUDENT

HOME ADDRESS \_\_\_\_\_  
Number and Street City or Town State Zip Code  
 \_\_\_\_\_  
Home Telephone Number with Area Code Cell Phone Number with Area Code

PERSON TO BE NOTIFIED IN EMERGENCY \_\_\_\_\_  
Name and Relationship  
 \_\_\_\_\_  
Home Telephone with Area Code Business Telephone with Area Code

HEALTH CARE PROVIDER \_\_\_\_\_  
Name Telephone Number with Area Code

ADDRESS \_\_\_\_\_  
Number, Street, City, State, and Zip

**HEALTH INSURANCE INFORMATION**  
 Do you have health insurance?  Yes  No If Yes \_\_\_\_\_  
Name of insurance company  
 \_\_\_\_\_  
Policy Number

**ALLERGIES**  
 Are you allergic to any medications?  Yes  No If yes, list medications \_\_\_\_\_  
 Any other allergies? \_\_\_\_\_

**MEDICATIONS**  
 Do you take any medicine on a regular basis?  Yes  No  
 List medication and dosage \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have any health conditions that we should be aware of in order to assist you in the event you need medical care? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part II – IMMUNIZATIONS**

MMR: 1 \_\_\_\_\_ 2 \_\_\_\_\_ **OR** DATES: \_\_\_\_\_  
**Measles:** or  2 doses vaccine \_\_\_\_\_  
 pos. serologic test \_\_\_\_\_  
(attach lab report)  
**Mumps:** or  mumps vaccine \_\_\_\_\_  
 pos. serologic test \_\_\_\_\_  
(attach lab report)  
**Rubella:** or  rubella vaccine \_\_\_\_\_  
 pos. serologic test \_\_\_\_\_  
(attach lab report)

**MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE**

**Check one line and sign below.**

I have:  
 \_\_\_\_\_ had the meningococcal meningitis immunization within the past 5 years.  
 Date received: \_\_\_\_\_  
 \_\_\_\_\_ read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I will **not** obtain immunization against meningococcal meningitis disease.

Signed by student \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH CARE PROVIDER OR SCHOOL OFFICIAL MUST SIGN**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_ TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_  
please print  
 ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP