

MENINGITIS VACCINATION FORM

New York State Public Health Law now requires that information be distributed with important news about meningococcal meningitis and a vaccination against the disease. It is required by law that the form below is completed, signed and returned by all students. In accordance with this Law, the College is legally required to maintain a record of your returned response. Please be advised that SUNY Adirondack does not maintain a Health Services Office. Further information and/or action on your part may be obtained by consulting with your family physician or the County Public Health Office.

Please complete, sign and return this form to the SUNY Adirondack Registrar's Office immediately. **You will not be able to attend classes without this form.**

**OFFICE OF THE REGISTRAR
WARREN HALL ROOM 156**

Phone: (518) 743.2280 | Fax: (518) 832.7601
Email: registrar@sunyacc.edu
640 Bay Road | Queensbury, NY 12804-1445

SOME FACTS ABOUT MENINGOCOCCAL MENINGITIS

WHAT IS MENINGOCOCCAL MENINGITIS?

Meningococcal disease is a severe bacterial infection of the bloodstream or meninges (a thin lining covering the brain and the spinal cord). It is a relatively rare disease and usually occurs as a single isolated event. Clusters of cases or outbreaks are rare in the United States.

WHAT ARE THE SYMPTOMS?

The early symptoms usually associated with meningococcal disease include fever, severe headache, stiff neck, rash, nausea, vomiting, and lethargy, and may resemble the flu. Because the disease progresses rapidly, often in as little as 12 hours, students are urged to seek medical care immediately if they experience two or more of these symptoms concurrently. The disease is occasionally fatal.

IS THERE A VACCINE TO PREVENT MENINGOCOCCAL MENINGITIS?

Presently, there is a vaccine that will protect against some of the strains of meningococcus. It is recommended in outbreak situations, and for those traveling to areas of the world where high rates of the disease are known to occur. For some college students, there is a modestly increased risk of meningococcal disease; students and parents should be educated about meningococcal disease and the availability of a safe and effective vaccine.

ADDITIONAL RESOURCES

- Your family physician and the local Public Health Agency
- Health website: www.health.state.ny.us
- Centers for Disease Control and Prevention (CDC): www.cdc.gov/ncidod/dbmd/diseaseinfo
- The American College Health Association (ACHA): www.acha.org
- www.sunyacc.edu

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

Name _____ Banner Student ID _____

I have/my child has (for students under age 18):

- had the meningococcal meningitis immunization (Menomune) within the past 10 years. **Date received:** _____
- read, or have had explained to me, the information regarding meningococcal meningitis disease. I (my child) will obtain immunization against meningococcal meningitis within 30 days from my private health care provider or County Public Health Office.
- 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 (my child) will not obtain immunization against meningococcal meningitis disease.

Student Signature _____ Student's Printed Name _____ Student's Date of Birth _____

Parent/Guardian (if student is a minor) _____ Date _____