CHRISTOPHER NEWPORT
UNIVERSITY

MENINGOCOCCAL VACCINE WAIVER FORM

MUST BE COMPLETED AND SUBMITTED IF STUDENT DOES NOT RECEIVE VACCINE

MENINGOCOCCAL DISEASE (Meningitis)

Recent legislation passed by the General Assembly of Virginia and signed into law on March 20, 2001 requires vaccination against meningococcal disease for all incoming full-time students at Christopher Newport University and other public four-year institutions of higher education.

Meningococcal disease is a potentially fatal bacterial infection commonly referred to as meningitis. Meningococcal disease is rare, however its initial flu-like symptoms make diagnosis difficult. If not treated early, the disease can lead to brain damage, vital organ failure, permanent disability and even death. Cases of meningococcal disease among teens and young adults 15 to 24 years of age have more than doubled since 1991. Recent studies indicate that college students living in dormitories and particularly freshmen dormitory residents are at increased risk of infection. An estimated 100 to 125 cases of meningococcal disease occur on college campuses each year. Of those students infected as many as 15 may die.

The meningococcal vaccine protects against four of the five strains of the bacteria which causes meningococcal disease (strains A, C, Y, and W-135). It is estimated that vaccination would prevent approximately two-thirds of all cases of meningococcal disease in college students and up to 88% of deaths. The vaccine is considered safe and is well tolerated with the most common side effect being soreness at the injection site. It provides protection against meningococcal disease for three to five years. The Haemophilus influenza type b (Hib) vaccine given to infants and young children is often referred to as a "meningitis vaccine". The Hib vaccine does not protect against meningococcal disease and does not meet the vaccination requirement.

Additional information can be obtained on the Centers for Disease Control and Prevention (CDC) website at http://www.cdc.gov/health/diseases.htm (select meningococcal disease) or the American College Health Association website at http://www.acha.org .

Student Name (Please Print) _____
LAST **FIRST** **MI**

CNU ID_____ **Date of Birth** _____

If other than the student, name and relationship of person completing form:

Name _____

(Please mark the appropriate box)

☐ Parent ☐ Legal Representative

I have read the information on meningococcal disease and:

(Mark the appropriate box)

☐ a. DO NOT wish to receive the meningococcal vaccine.

☐ b. Received the meningococcal vaccine on _____.
Date of Vaccination

Signature (Required) _____
Student, or if under 18, parent or legal representative Date