



FORT HAYS STATE UNIVERSITY

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STUDENT HEALTH CENTER

Meningococcal Meningitis Waiver Form

Kansas law requires all students living in University Housing or Greek Housing to either sign a waiver or be vaccinated for meningococcal meningitis prior to moving into campus housing.

Students previously vaccinated must provide documentation of immunization. These documents will become part of your health record at the Student Health Center.

If you have not been vaccinated previously, but choose to do so instead of signing this waiver, you may receive the vaccine from your personal medical provider or local county health department. Vaccines are also available at the Student Health Center. Please inquire about current fees.

Student Name (PRINT): _____

Date of Birth: _____ Social Security #: _____

Cell #: _____ Email Address: _____

- Meningococcal meningitis is a bacterial disease that can be fatal. The bacteria cause inflammation of the protective membranes covering the brain and spinal cord. The disease progresses rapidly, often in as little as 12 hours.
- College students living in group housing are at increased risk for contracting meningitis. Early symptoms often resemble the flu and include fever, severe headache, stiff neck, rash, nausea, vomiting and lethargy. Of those who contract the infection and are treated, 10% to 15% will die and another 11% to 19% will be left with cognitive impairment, limb loss or hearing loss.
- A vaccine may prevent up to 85% of the known serotypes of meningitis. Protection is expected to be long lasting, but the exact duration of protection is unknown. Side effects of the vaccine are usually mild and consist of redness and swelling at the injection site and/or muscle aches.

This waiver indicates that you are aware of the risks of meningococcal meningitis and feel informed in your decision not to be vaccinated. Additional information is available from the Centers for Disease control at: www.cdc.gov/meningitis/

My signature below attests that: I have read and understand the above information on meningococcal meningitis; I know a vaccine is available; I have decided not to be vaccinated against meningococcal meningitis.

Student's signature (if aged 18 or older,
otherwise parent or guardian signature)

Date

**YOU MUST RETURN THIS WAIVER FORM OR
YOUR MENINGITIS VACCINATION DOCUMENTATION TO
THE STUDENT HEALTH CENTER**