MONROE COLLEGE

MENINGITIS INFORMATION

New York State Public Health Law 2167 requires all post secondary institutions to distribute information about meningococcal meningitis and meningitis immunization to all students. Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

Cases of meningitis among teens and young adults 15-24 years of age (the age of most college students) have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives. Between 100 and 125 meningitis cases on college campuses and as many as 15 students will die from the disease.

A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States- types A, C, Y, and W-135. These types account for nearly two thirds of meningitis cases among college students. If you wish to obtain a vaccination against this disease, contact your physician for availability and cost. The vaccine is available in New Rochelle for an estimated cost of $100.00.

Monroe College is required to have the following document completed and on file:

MENINGOCOCCAL MENINGITIS RESPONSE

TO BE COMPLETED AND SIGNED BY THE STUDENT OR PARENT/GUARDIAN IF STUDENT IS A MINOR:

Check one box and sign below:

☐ I (my child) have had the meningococcal meningitis immunization within the past 10 years.
Date received: _____ /_____ /_____
MM DD YYYY

☐ I have 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 _____ Date _____
MM/DD/YYYY

Parent / Guardian Signature _____ Relationship to Student _____
(Under 18)

Health Care Provider: _____ Signature & Stamp: _____
(Please Print) (Mandatory Signature and Stamp)

Date: _____ License # _____ Phone # _____
MM/DD/YYYY

AUTHORIZATION FOR TREATMENT FROM MONROE COLLEGE HEALTH SERVICES

The undersigned patient and/or responsible relative or person, hereby consents to and authorizes Monroe College Office of Student Health and Wellness clinicians, Monroe College Sports Medicine Department clinicians, and medical personnel to administer or perform any and all medical examinations, treatments, designated procedures, vaccinations, and immunizations against diseases or injuries which may be now or during the course of care deemed necessary or advisable.

Student Name _____ Date _____
MM/DD/YYYY

Student Signature _____ Parent / Guardian Signature _____
(Under 18)

OFFICE OF STUDENT HEALTH AND WELLNESS
406 Main Street, New Rochelle, NY 10801 • Office: 914.740.6459 • E-Fax: 914.813.1281 • MyMonroeHealth@monroecollege.edu