

# MENINGOCOCCAL VACCINE FORM

## PLEASE READ THE FOLLOWING STATEMENT

Centenary College **requires all new students** to have the meningococcal vaccine prior to beginning classes. College students are at risk of developing bacterial meningitis, especially if they reside in residence halls. If you have not received this vaccine, the following information should assist you in making an informed decision about receiving the vaccine for the prevention of bacterial meningitis.

Bacterial meningitis is a serious, potentially fatal disease that progresses very rapidly. Residing in close living quarters puts students at higher risks. Meningitis is transmitted by exposure to saliva, through sharing drinks, eating utensils, cigarettes, etc. It is also transmitted by kissing or any contact with throat or respiratory secretions. It starts with cold or flu-like symptoms and progresses very rapidly resulting in swelling of the membranes surrounding the brain and spinal column. It can lead to serious health problems, disabilities, and even death. College freshmen living in residence halls are in one of the highest risk groups.

The State of Louisiana **requires** the vaccine for incoming college students, as well as all college students who are 25 or younger and the Centers for Disease Control and Prevention, along with the American College Health Association, **strongly** recommends the vaccine. More information about bacterial meningitis and the vaccine can be found at the following web sites: [www.acha.org](http://www.acha.org) and [www.cdc.gov](http://www.cdc.gov).

Please indicate a response:

- I have been immunized against bacterial meningitis. Date of vaccine (month/day/year): \_\_\_\_\_
- After consulting with my physician, I am aware of my personal risk for the disease and have chosen **not** to be vaccinated. I understand that this puts me at greater risk of acquiring meningitis and Centenary College is released from any liability should I contract meningitis while I am enrolled.
- I have not received the vaccine at this time but expect to have it on (month/day/year): \_\_\_\_\_  
I received the vaccine on (month/day/year): \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' signature: \_\_\_\_\_ Date: \_\_\_\_\_



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COLLEGE OF LOUISIANA

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