



Meningitis Information Sheet & Self Reporting Form

We'd Like You to Know about Meningitis

College students, particularly freshmen, living in residence halls off campus are reported to have an increased risk of contracting bacterial meningitis. Fortunately, this risk remains relatively low. Smoking, drinking alcohol, and going out to bars are contributing factors. Approximately 10% of the general population carries the meningococcal bacteria in their noses and throats in a harmless state. During an outbreak, that percentage may reach 95% yet less than 1% of people exposed will actually develop meningitis. Persons over 30 do not seem to be at risk.

The Hudson Valley Community College Health Service staff recommends that you discuss the benefits of the meningitis vaccine with your healthcare provider. The advisory Committee of Immunization Practices recommends that all first year college students up to age 21 years should have at least 1 dose of Meningococcal ACWY vaccine no more than 5 years before enrollment, preferably on or after their 16th birthday, and that young adults aged 16 through 23 years may choose to receive the Meningococcal B vaccine series. College and university should discuss the Meningococcal B vaccine with a health care provider. New York State Public Health Law and Hudson Valley Community College Policy require that all students enrolled for at least six (6) semester hours or the equivalent per semester, complete and return the following form to Hudson Valley community College. Hudson Valley Community College is required to maintain record of a meningococcal immunization within the past 5 years or a signed acknowledgement of the meningococcal risks and refusal of the immunization.

Hudson Valley Community College does not offer the Meningitis Vaccine at this time. For local county health departments immunization clinic schedules and prices, please go to http://www.hvcc.edu/healthservices/immunization-clinics.html

Please carefully review the Meningococcal Disease Fact Sheet on the New York State Department of Health website at www.health.ny.gov/publications/2168.pdf Please complete this Meningitis Self Reporting form declining the vaccine or submit record of having the vaccine within the last 5 years.

NOTE: PER PUBLIC HEALTH LAW, NO INSTITUTION SHOULD PERMIT ANY STUDENT TO ATTEND THE INSTITUTION IN EXCESS OF 30 DAYS WITHOUT COMPLYING WITH THIS LAW.

Please check one box and sign below:

[] I have received the Meningococcal immunization within the past 5 years. (You must submit proof of the vaccine record to the Health Service Office).

[] I will obtain immunization against meningococcal disease within 30 days from my private health care provider and submit that record to the Health Service Office.

[] I understand the risks of not receiving the vaccine. I am declining immunization against the meningococcal vaccine at this time.

Student Name _____ Signature _____ Date ____/____/____

H00# _____ Date of Birth: ____/____/____

Parent/Guardian Signature if under 18 _____ Relationship _____ Date ____/____/____

Please see reverse side for consent for services for those students who are under the age of 18 ->

