

INDIANA UNIVERSITY OF PENNSYLVANIA  
The College and University Vaccination Act—Pennsylvania Senate Bill 955  
OFFICE OF HOUSING AND RESIDENCE LIFE MENINGITIS POLICY COMPLIANCE FORM  
B31 Clark Hall, 1090 South Drive, Indiana, PA 15705 (724)357-2698

LAST NAME:  FIRST NAME:

STUDENT ID: @  AGE: \_\_\_\_\_

**What is meningococcal meningitis?** Meningitis is rare. But when it strikes, this potentially fatal bacterial disease can lead to the swelling of 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.

**How is it spread?** Meningococcal meningitis is spread through the air via respiratory secretions or close contact with an affected person. This can include coughing, sneezing, kissing or sharing items like utensils, cigarettes and drinking glasses.

**What are the symptoms?** Symptoms of meningococcal meningitis often resemble the flu and can include high fever, severe headache, stiff neck, rash, nausea, vomiting, lethargy and confusion.

**Who is at risk?** Certain college students, particularly students who live in residence halls, have been found to have an increased risk for meningococcal meningitis. Other students should also consider the vaccination to reduce their risk for the disease.

**Can meningitis be prevented?** A safe and effective vaccine is available to protect against four of the five most common strains of the disease. The vaccination provides protection for approximately three to five years. Adverse reactions to the meningitis vaccine are mild and infrequent, consisting primarily of redness and pain at the injection site and rarely a fever. As with any vaccine, vaccination against meningitis may not protect 100 percent of all susceptible individuals. It does not protect against viral meningitis.

**Want more information?** To ask questions about meningitis, the vaccine or this compliance form, visit the Pechan Health Center or call (724) 357-6475. You can also visit the websites of the Centers for Disease Control and Prevention (CDC) [www.cdc.gov](http://www.cdc.gov), and the American College Health Association [www.acha.org](http://www.acha.org).

I am aware that information is included in this form regarding the risks associated with meningococcal disease and of the availability and effectiveness of the vaccination against the disease. I understand that signing this form will bring me into compliance with the law. Should I wish to have the vaccination at a later date this option is available to me. I will send the completed form to the address at the top of this page.

<hr/> <b>Signature of Student</b>	<hr/> <b>Date</b>	<hr/> <b>Signature of Parent</b>	<hr/> <b>Date</b>
		<b>(required for students under 18 years of age)</b>	

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Information below will be sent to the Pechan Health Center upon receipt by OHRL.

**CHECK ONE:**

I have been vaccinated for meningococcal meningitis within the past 3-5 years.  
DATE: \_\_\_\_\_ Name & telephone number of physician: \_\_\_\_\_

I have not yet received the vaccination for meningococcal meningitis but wish to receive the vaccination from the IUP Pechan Health Center at the beginning of the semester. My student account will be billed only if I receive the vaccine. When I arrive on campus, information about the time, date and location of the vaccination clinics will be posted in my residential facility. **I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO ATTEND ONE OF THE CLINICS IN ORDER TO RECEIVE THE VACCINATION.**

I will get the vaccination from my family physician at a later date.

I do not wish to have the vaccination for the following reason(s): \_\_\_\_\_

**Print student name:** \_\_\_\_\_ **Banner ID #** \_\_\_\_\_