

LE MOYNE  
Greatness meets Goodness

*Confidentiality Note: The information contained on this form is privileged and confidential and may not be copied or distributed without written permission of the student.*

LE MOYNE  
SPIRIT. INQUIRY. LEADERSHIP. JESUIT

Wellness Center  
for Health and Counseling

**\*THIS FORM MUST COMPLETED BY STUDENTS  
WHO HAVE NOT HAD THE MENINGITIS VACCINE \***

New York State requires that you be informed about meningococcal disease and why it is dangerous. Briefly, it is a bacterial infection that is potentially life-threatening. It often begins with symptoms that can be mistaken for flu, but unlike more common infections it can get worse very rapidly and can cause death in as little as 24 – 48 hours. It can also cause permanent disabilities such as amputations, scarring, hearing loss and brain damage. It is spread from person to person by droplets that are released by coughing or sharing eating utensils, or kissing. While anyone can get this disease, college students living in residence halls are at modestly increased risk for meningitis and may wish to consider vaccination. While the vaccine does not eliminate the risk of meningococcal disease, it is very effective in protecting against 4 of the strains of bacteria including the strain most commonly found on college campuses. More information including our meningitis policy is found on Le Moyne College Student Health Website ([www.lemoyne.edu](http://www.lemoyne.edu)), and can also be found at the CDC website ([cdc.gov](http://cdc.gov)) and the American College Health Association website ([acha.org](http://acha.org)). You also can speak with your physician regarding this important decision.

New York State Public Health Law requires that **all** college students have either:

**1 dose of meningitis ACWY vaccine within the last 5 years OR**

**2 meningitis B vaccines OR**

**decline the vaccine** by signing this waiver.

Students that decline the vaccine must complete this form and return it to Le Moyne College Health Services 3 weeks before the start of class. Students may be held out of class and will not be able to register for any further classes until compliance is achieved.

Check the statement and sign below.

I have or my son/daughter<18 has:

\_\_\_ 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.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Student (Parent/Guardian if student is a minor)

Print Student's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_