

University Health Center

Record Immunizations



EVERY ITEM ON THIS PAGE MUST BE COMPLETED BY YOUR PHYSICIAN OR YOU MAY ATTACH A COPY FOR YOUR PHYSICIAN PRIOR TO ATTENDING CLASSES AT CAIRN UNIVERSITY.

NOTE WELL:

Student's Full Name: _____ Student's Date of Birth (Month/Day/Year): _____/_____/_____

Address: _____

REQUIRED:

MENINGITIS*** Meningococcal Vaccine Tetravalent (A, C, Y, W-135) conjugate preferred

Date of Vaccination: #1 _____/_____/_____ #2 _____/_____/_____ Name of Vaccine: _____

New Policy Regarding Meningitis Immunization:

Cairn University will follow the new protocol for Meningococcal conjugate vaccines, quadrivalent (MCV4), as recommended by the CDC and the American College Health Association. If the first dose is administered at age 16 years or older, a booster dose is not needed. For more info about the Meningitis vaccine by the CDC visit <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-mening.pdf>.

TB TEST ***

Mantoux Test (Date Given): _____/_____/_____ Date of Results: _____/_____/_____ Results: _____ mm

(Must be done within the last year.) Chest X-ray if indicated (Date Taken): _____/_____/_____

Results: _____

BY SIGNING THIS FORM, I HEREBY AFFIRM THAT THE INFORMATION CONTAINED HEREIN CONCERNS THE STUDENT LISTED ABOVE AND BELLOW ARE A TRUE ACCOUNT TO THE BEST OF MY KNOWLEDGE.

Physician's or Nurse Practitioner's Signature: _____

Address: _____ Phone: _____

Name (please print): _____ Date: _____

OPTIONAL:

MMR (Measles, Mumps, or Rubella)

CHICKEN POX**** (Varicella Vaccine)

First: _____/_____/_____ Second: _____/_____/_____ First: _____/_____/_____ Second: _____/_____/_____

HEPATITIS B**

First: _____/_____/_____ Second: _____/_____/_____ Third: _____/_____/_____

First: _____/_____/_____ Second: _____/_____/_____ Third: _____/_____/_____ Latest Booster: _____/_____/_____

Childhood Series—give all dates

DIPHTHERIA TETANUS PERTUSSIS

First: _____/_____/_____ Second: _____/_____/_____ Third: _____/_____/_____ Latest Booster: _____/_____/_____

Childhood Series—give all dates (Must be within the last 10 years.)

WAIVER

FOR STUDENTS AGES 18 AND ABOVE

I have received and reviewed the information sent to me by Cairn about the risk associated with meningitis and the other availability and effectiveness of a vaccine against this disease. I have chosen not to be vaccinated, for religious or other reasons.

Student's Signature: _____ Date: _____

FOR PARENTS AND GUARDIANS OF STUDENTS UNDER THE AGE OF 18

I have received and reviewed the information sent to me by Cairn about the risk associated with meningitis and the other availability and effectiveness of a vaccine against this disease. I have chosen for the above-named student not to be vaccinated, for religious or other reasons.

Parent or Guardian's Signature: _____ Date: _____

Frequently Asked Questions about Meningitis

Q: WHAT IS MENINGITIS AND MENINGOCOCCAL MENINGITIS?

A: Meningitis, often referred to as spinal meningitis by the general public, is an infection of the layers of tissue, which cover the brain and spinal cord. It may be caused by many different germs. It is generally a very serious illness, which can result in blindness, deafness, amputations, permanent brain damage, or even death. However, with proper treatment, many people recover fully.

Meningococcal meningitis is a particularly severe form of meningitis caused by the bacteria *Neisseria meningitidis*. Even when treated with the right antibiotics, about 10-20% of people with this illness die, often within hours of the onset of the first signs of illness.

Q: WHAT ARE THE SYMPTOMS OF MENINGITIS?

A: Symptoms for meningitis (for adults) may include:

- Fever
- Severe Headache
- Stiffness of the neck
- Nausea and maybe vomiting
- A skin rash that looks like small, purplish red dots

Persons with meningitis may also be confused or very drowsy; sometimes they may even go into a coma, which they cannot be awakened from. Getting early medical advice when a person has a fever, stiff neck and headache, especially when meningitis has been reported in the community, can be lifesaving.

Q: WHY SHOULD COLLEGE STUDENTS BE CONCERNED ABOUT MENINGITIS?

A: Meningitis is increasing among college students. The number of cases among the 15-24 year-old groups doubled between 1991-1997, from 308 to 600 cases per year. College freshman living in residence halls are up to 4 times more likely to develop this illness than the general population. Investigations of previous college outbreaks suggest that lifestyle behaviors among college students may be related to the occurrence of these cases.

Q: CAN MENINGITIS BE PREVENTED?

A: A vaccine is now available which can help protect individuals from meningitis. The centers for Disease Control (CDC), the American College Health Association (ACHA), and the American Academy of Pediatrics (AAP) recommend that parents and students be advised of the availability of this vaccine and that students should be encouraged to consider receiving it.

Q: I STILL HAVE QUESTIONS. WHERE CAN I GET MORE INFORMATION?

A: The following are sources of Information:

- Your family doctor can give you more information about the meningitis vaccine.
- Internet sources:
 - o Meningitis Foundation of America – www.musa.org
 - o American College Health Association – <http://www.acha.org/Toplcs/menIngtls.dm>
- If you have additional questions, please call the University Health Center at (215) 702-4334.