**Meningococcal meningitis** is a contagious, potentially life-threatening bacterial infection that causes inflammation of the membranes that surround the brain and spinal cord. Permanent brain damage, hearing loss, learning disability, limb amputation, kidney failure, or death can result from the infection. Although the disease is rare, the outbreaks of meningitis on college campuses have risen in the recent years. While the reasons are not yet fully understood, students residing in campus residence halls appear to be at a higher risk for the disease than college students overall.

Vaccination is an effective way for students to protect themselves against possible infection. The vaccine provides protection against four strains of Meningococcal disease, which together account for nearly 70% of Meningococcal cases on campus. The vaccine is safe with mild and infrequent side effects. Immunity develops within seven to ten days, and remains effective for approximately five years. In the past, vaccination usually has been delayed until an outbreak of meningitis occurs. However, because outbreaks are clustered in time, and because onset of symptoms is extremely rapid, it makes sense for students to consider reducing their risk with a vaccination before an outbreak occurs.

**IMPORTANT INFORMATION FOR RESIDENTS**

New Jersey Administrative Code 8:57-6 requires all new students who reside in campus housing to receive a meningococcal vaccination. Students who do not plan to live on campus are encouraged to consider the vaccination on a voluntary basis. Students who have received the vaccine during the five years previous to the start date of their first semester do not need to be revaccinated. Since this vaccination is mandated by law for new resident students, housing will be revoked if the vaccine is not obtained prior to move-in day.

**VACCINE AVAILABILITY**

The meningitis vaccine is available at Fairleigh Dickinson University Student Health Services.

**RESPONSE (If you have received the vaccine, provide verification of the same)**

Having read the above information, please check one of the following:

- [ ] I am a Resident Student and have received the vaccine on ________________.
- [ ] I have already received the meningitis vaccine within the past five years on ________________.
- [ ] I do not wish (my student) to receive the vaccine (Commuters Only)
- [ ] I have decided to receive the meningitis vaccine at some future time (Commuters Only)

Student Signature: ___________________________ Date: ________________

If student is under 18 years of age:

Parent/Guardian Signature: ___________________________ Relationship: _______________ Date: _______________

**Students in University Housing require the Meningitis Vaccine**