



MENINGITIS VACCINE INFORMATION FORM

Print Name: _____ Student ID Number _____ DOB: _____

Florida Law (Section 1006.69, Florida Statutes) states that an individual enrolled in a postsecondary educational institution who will be residing in on-campus housing shall provide documentation of vaccination against meningococcal meningitis unless the individual, if the individual is 18 years of age or older, or the individual's parent, if the individual is a minor, declines the vaccination by signing a separate waiver, provided by the institution, for this vaccine, acknowledging receipt and review of the information provided.

Meningitis

Meningitis is an infection of the fluid of the spinal cord and brain, caused by a virus or bacteria and usually spread through exchange of respiratory and throat secretions (i.e. coughing, kissing). Bacterial meningitis can be quite severe and may result in brain damage, hearing loss, learning disability or even death. A vaccine is currently available for one of the most severe forms of bacterial meningitis, meningococcus. This vaccine effectively provides immunity for most forms of meningococcus. There is no vaccine for the less severe viral type meningitis.

I have received the meningitis vaccine as follows:

- Date meningitis vaccine received: _____
- Signature of health care provider: _____ Date: _____

Waiver of liability:

I have received and read the information pertaining to meningitis. I understand the risks involved, but elect not to receive the meningitis vaccine.

_____ Date: _____

Signature of student(or parent/legal guardian, if under 18 years of age)

_____ Date: _____

Signature of witness