

**Auraria Campus Immunization Office**  
**MENINGOCOCCAL DISEASE INFORMATION FORM**

For all public or nonpublic postsecondary education institutions in Colorado, the state law requires that students complete and return a standard certificate indicating immunizations received by the student be provided with the information below. If the student is under the age of 18 years, the student's parent or guardian must be provided with this information.

- **Meningococcal disease is a serious disease**, caused by a bacteria.
- **Meningococcal disease is a contagious, but a largely preventable, infection of the spinal cord fluid and the fluid that surrounds the brain.** Meningococcal disease can also cause blood infections.
- About 2,600 people get meningococcal disease each year in the United States; 10 to 15 percent of these people die, in spite of treatment with antibiotics. Of those who live, another 10 percent lose their arms or legs, become deaf, have problems with their nervous system, become mentally retarded, or suffer seizures or strokes.
- Anyone can get meningococcal disease, but it is most common in infants less than one year of age and in people with certain medical conditions. **Scientific evidence suggests that college students living in dormitory facilities are at a modestly increased risk of contracting meningococcal disease.**
- **Immunization against meningococcal disease decreases the risk of contracting the disease.** Meningococcal vaccine can prevent four types of meningococcal disease; these include two of the three most common in the United States. Meningococcal vaccine cannot prevent all types of the disease, but it does help to protect many people who might become sick if they do not get the vaccine.
- A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of the meningococcal vaccine causing serious harm, or death, is extremely small. Getting a meningococcal vaccine is much safer than getting the disease.
- More information can be obtained from the Vaccine Information Statement available at [www.cdc.gov/nip/publications/VIS](http://www.cdc.gov/nip/publications/VIS). Students and their parents should discuss the risks and benefits of vaccination with their health care providers.

To receive the immunization against meningococcal disease, students should check with the Auraria Immunizations clinic or their own health care provider.

Please indicate below by checking the appropriate box that you either intend to receive the meningococcal vaccine or you do not intend to receive it. Your signature below signifies you have received critical information about meningococcal disease and your intention regarding this vaccination. For students under the age of 18, this document must be signed by a legal parent or guardian. Once you have signed the document below, include this with your packet for submission.

I have already obtained my meningococcal immunization. I will include the date of this immunization with my proof of immunization records.

I have received information about meningococcal disease and I have decided to obtain a vaccination. I can obtain the vaccine at the Auraria Immunization Clinic or my private physician.

I have reviewed the information on meningococcal disease and have decided that I will not obtain a vaccination against meningococcal disease.

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

Signature (student or parent/guardian, if student is under the age of 18 years): \_\_\_\_\_

Print Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student ID Number: \_\_\_\_\_