Supplemental Meningitis Form

Office of Student Affairs
University of Central Florida
College of Medicine
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The Advisory Committee on Immunization Practices (ACIP) has recommended that persons 16-23 years of age receive vaccinations for meningococcal meningitis. By action of the Florida State University System Board of Governors, this recommendation is supported by the policy effective July 1, 2008 that "all NEW matriculating students must provide documentation of vaccinations against meningococcal meningitis and hepatitis B or provide a signed waiver for each declined vaccination."

*Medical students are required to provide serological proof of hepatitis B immunity per AAMC immunization standards.*

Meningococcal meningitis vaccines: The Advisory Committee on Immunization Practices (ACIP) currently recommends these vaccines for persons 16-23 years of age. The ACIP also recommends a booster dose of meningococcal vaccine for students who received their primary dose before the age of 16 years. Students wishing to decline the vaccine must first read the information in the box below. Signing the waiver indicates that you understand the possible risk involved in not receiving this vaccine. If you are under the age of 18, a parent or guardian must sign the waiver for you.

Waiver Statement—Meningococcal Meningitis: College students, especially freshman living in residence halls, are at an increased risk for contracting meningococcal disease. The bacterial form of this disease can lead to serious complications such as swelling of the brain, coma, and even death within a short period of time. FDA approved vaccines are currently available that decrease a person's risk of acquiring meningococcal meningitis. There are (5) different serotypes (A, B, C, Y and W-135). Two conjugate vaccines (MCV4) offer protection against serotypes (A, C, Y and W-135), and two vaccines cover the B strain of the bacteria. For more specific information about meningococcal meningitis and college student risks, please visit UCF Student Health Services website: http://www.studenthealth.ucf.edu/immunizations

*Please provide either proof of the meningitis vaccine or complete the waiver below. *

<table>
<thead>
<tr>
<th>Recommended Immunizations</th>
<th>Month/Day/Year</th>
<th>Month/Day/Year</th>
<th>Month/Day/Year</th>
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<tbody>
<tr>
<td>Meningococcal Meningitis/MCV4: (Menactra/Menveo)</td>
<td></td>
<td>Booster needed if 1st dose is given before the age of 16</td>
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<tr>
<td>Meningococcal B Serogroup: (Bexsero/Trumenba)</td>
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☐ I have read the information about MCV4 / Meningococcal Meningitis and decline receipt of this vaccine.

_________________________       ____________________________
Signature of Student                      Date

An official stamp from a doctor's office, clinic, or Health Department AND an authorized signature must appear on this form or on the official document(s) attached if you are providing proof of vaccinations.

_________________________       ____________________________       ____________________________
Official Office Stamp Here                     Physician or Authorized Signature               Date