

Meningitis Information and Waiver Form



WICHITA STATE
UNIVERSITY

STUDENT HEALTH SERVICES

1845 Fairmount Street
Wichita, KS 67260-0092

Name _____

WSU ID# _____ Date of Birth _____

Home Phone # _____ Cell # _____

Email address _____

Meningitis is a disease caused by the inflammation of the protective membranes covering the brain and spinal cord known as the meninges. The inflammation is usually caused by an infection of the fluid surrounding the brain and spinal cord. Meningitis may develop in response to a number of causes, usually bacteria or viruses, but meningitis can also be caused by physical injury, cancer or certain drugs.

This disease, while not common, can have potentially rapidly fatal outcomes. College students are at increased risk for this disease because of living in group housing. Other behaviors that put college students at a higher risk including sharing drinking glasses, eating utensils or food, sharing makeup, kissing someone, sharing water bottles, going to bars, drinking alcohol, smoking, and irregular sleep patterns.

Early symptoms associated with these diseases include fever, severe headache, stiff neck, rash, nausea, vomiting and lethargy and often resemble the flu. Because the disease progresses rapidly, often in as little as 12 hours, students are urged to seek medical care immediately, especially if you experience two or more symptoms at the same time. Of those who contract the infection and are treated, 10-15% will die and 11% to 19% will be left with a significant infection such as mental retardation, limb loss or hearing loss.

A safe vaccine is available to you which may prevent up to 85% of the known stereotypes of meningitis. Protection is expected to be long lasting, but the exact duration of protection is not yet known. Side effects of the vaccine are usually mild and consist of redness and swelling at the injection site and/or muscle aches.

- I have read the above information on Meningococcal Meningitis and I am aware of the availability of the vaccine. I am also aware that I am at increased risk of getting the disease. I have decided not to be vaccinated against meningitis.

Student's signature

Date

If student is under the age of eighteen (18), signature of parent or legal guardian:

Parent or legal guardian's signature

Date

THIS FORM WILL BE KEPT ON FILE AS PART OF THE STUDENT'S MEDICAL RECORDS AT THE STUDENT HEALTH CENTER AND IS VALID UNTIL FIVE YEARS FROM THE SIGNED DATE ABOVE OR MAY BE CHANGED WITH SUBMISSION OF NEW DOCUMENTATION.