



## Meningococcal Meningitis Vaccination Response Form

Please submit response form prior to August 1 using Norse Hub at <https://norsehub.luther.edu/>,  
Secure File Drop <https://liquidfiles.luther.edu/filedrop/studentlife>, or Fax 563-387-2993.

### STUDENT INFORMATION

|                                |  |
|--------------------------------|--|
| Student Name (last, first, MI) |  |
| Birthdate (month/day/year)     |  |
| Luther ID                      |  |

### MENINGITIS INFORMATION

Meningococcal disease is a potentially life-threatening bacterial infection caused by *Neisseria meningitidis*, a leading cause of bacterial meningitis in older children and young adults in the United States. The disease most commonly is expressed as either meningococcal meningitis, an inflammation of the membranes surrounding the brain and spinal cord, or meningococcemia, a serious infection of the blood. Since 1991, cases of meningococcal disease among 15–24-year-olds have increased. Studies show that students residing in on-campus dormitories, especially first-year students, appear to be at up to a six-fold increased risk for meningococcal disease than other college students overall. Vaccinations are available against five of the most common strains of *N. meningitidis* in the United States. Iowa law requires that we provide this information on meningitis and the vaccine.

The Iowa Department of Health and Human Services recommends that all first-year college students up to age 21 years should have at least 1 dose of the Meningococcal ACWY vaccine not more than 5 years before enrollment, preferably on or after their 16th birthday, and that young adults ages 16 through 23 years may choose to receive the Meningococcal B vaccine series. College and university students should discuss the Meningococcal B vaccine with a healthcare provider.

**I have / my child has (for students under the age of 18) read, or have explained to me the information above regarding meningococcal disease. Check one**

|                          |                                                                                                                                                                                                     |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | I (my child) have received the meningococcal immunization within the past 5 years. The vaccine dates are included on my required immunization form.                                                 |
| <input type="checkbox"/> | I (my child) will obtain immunization against meningococcal disease within 30 days from my private healthcare provider or elsewhere. Documentation will be sent after completion.                   |
| <input type="checkbox"/> | I (my child) understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal disease as indicated on my waiver of exemption. |

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Student Signature

Date

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Signature of parent/guardian (if student is under age 18)

Date

### How do I get more information about meningococcal disease and vaccination?

Contact your primary care provider, Luther Clinic at (563) 387-5400, or visit the Iowa Department of Health and Human Services website at <https://hhs.iowa.gov/>.