

ALL FULL-TIME STUDENTS MUST COMPLETE THIS FORM AND RETURN IT TO THE ELI

First Name		Middle Initial	Last Name	
Address:				
Date of Entry/Month Year	Date of BirthMonth	_//	_	
TO BE COMPLET		BY YOUR In must be in En		E PROVIDER.
REQ (<i>PHYSICIAN</i>	UIRED FOR ALL YOU MUST HAVE MUST COMPLET	L FULL – TIN THE INNOC TE INFORMA	ME STUDENTS CULATION ATION ON THIS	S FORM)
Tuberculosis - Testing req	uired for entrance <i>(<u>ra</u></i>	egardless of prio	r BCG inoculation	n)
1. Received BCG: Yes _	No If yes			Month Day Yea
2. PPD (Mantoux) test we Give date, results, and	thin 6 months prior to I measurement of indu	admission to co rationDate	llege (Tine or Mone Administered	ovac not acceptable) $\frac{1}{\text{Month}} \frac{1}{\text{Day}} \frac{1}{\text{Year}}$
Result: Neg.	Pos. Complete mn	1 results	mm Date Read	Month Day Year
3. If greater than 10mm in Give date and result of (Please attach chest of the state of the stat	nduration, chest x-ray f chest x-rayRo x-ray report if abnor	required. esult: Normal mal)	Abnormal	Month Day Yea
HEALTH CARE PROVID	DER			
Name			Dat	te/
Address				
Signature			Telephone	

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MENINGOCOCCAL VACCINE REQUIREMENT

I have received the meningococcal vaccine as required by Maryland law for	students residing in on-campus housing.
Name	NDMU ID#
MENINGOCOCCAL VACCINE (MENOMUNE) Dosage 0.5 ML	Date:
The vaccine is effective for approximately three to five years. Student, who year, will be asked to update their immunization.	ose vaccinations have not been issued within the past fiv
Physician Signature	Date
Physician Name	Phone Number
WAIVER: Individuals 18 years or age and older may sign a written waiver choosing not individuals under 18 years of age, the parent or guardian of the individual mudisease and sign a written waiver that she/he has chosen not to have the individuals 18 years of age or older:	ust review the information on the risks of meningococcal
I am 18 years of age or older. I have received and reviewed the information effectiveness and availability of the meningococcal vaccine. I understand that illness. I understand that Maryland law requires that an individual enrolled is resides in on-campus housing shall receive vaccination against meningococcivaccination.	at meningococcal disease is a rare but life threatening n an institution of higher education in Maryland who
I choose to waive a receipt of the meningococcal vaccine.	
Name of Student (Print)	
Signature of Student	Date
For individuals under the age of 18: I have received and reviewed the information provided on the risks of mening the meningococcal vaccine. I understand that meningococcal disease is a rar law requires that an individual enrolled in an institution of higher education is shall receive vaccination against meningococcal disease unless a waiver to the	e but life threatening illness. I understand that Maryland n Maryland who resides in on-campus student housing
I choose to waive receipt of the meningococcal vaccine for my child.	
Print Name of Student	
Signature of Parent/Guardian	



MENINGOCOCCAL DISEASE INFORMATION

What is meningitis?

Meningitis is an inflammation of the linings of the brain and the spinal cord caused by either viruses or bacteria.

Viral meningitis is more common than bacterial meningitis and usually occurs in late spring and summer. Signs and symptoms of viral meningitis may include stiff neck, headache, nausea, vomiting, and rash. Most cases of viral meningitis run a short, uneventful course. Since the causative agent is a virus, antibiotics are not effective. Persons who have had contact with an individual with viral meningitis do not require any treatment.

Bacterial meningitis occurs rarely and sporadically throughout the year, although cases tend to occur in late winter and early spring. Bacterial meningitis in college-aged students is most likely caused by *Neisseria meningitidis* or *Streptococcus pneumoniae*. Because of the serious nature of bacterial meningitis, it requires early diagnosis and treatment. In contrast to viral meningitis, persons who have had intimate contact with a case require prophylactic therapy.

How does meningococcal disease occur?

Approximately 40% of the general population carry meningococcal bacteria in the nose and throat in a harmless state. This carrier state may last for days or months before spontaneously disappearing, and it seems to give persons who harbor the bacteria in then- upper respiratory tracts some protection from developing meningococcal disease.

During meningococcal disease outbreaks, the percentage of people carrying the bacterium may approach 95 %, yet the percentage of people who develop meningococcal disease is less than 1 %. This low occurrence of disease following exposure suggests that a person's own immune system, in addition to bacterial factors, plays a key role in disease development.

Meningococcal bacteria cannot usually live for more than a few minutes outside the body. As a result, they are not easily transmitted in water supplies, swimming pools, or by routine contact with an infected person in a classroom, dining room, bar, rest room, etc.

Roommates, friends, spouses, and children who have had an intimate contact with the oral secretions of a person diagnosed with meningococcal disease are at risk for contracting the disease and should receive prophylactic medication immediately. Examples of such contact include kissing, sharing eating utensils, and being exposed to droplet contamination from the nose or throat.

How many cases of meningococcal disease occur each year?

The annual incidence of meningococcal disease in the United States is about 1 case per 100,000 population.

What are the signs and symptoms of meningococcal disease?

Understanding the characteristic signs and symptoms of meningococcal disease is critical and possibly lifesaving.



Common early symptoms of meningococcal meningitis include fever, severe sudden headache accompanied by mental changes (e.g., malaise, lethargy), and neck stiffness.

A rash may begin as a flat, red eruption, mainly on the arms and legs.

What is the treatment for meningococcal disease exposure? Treatment of infected persons

Meningococcal disease can be rapidly progressive. With early diagnosis and treatment; however, the likelihood of full recovery is increased.

Early recognition, performance of a lumbar puncture (spinal tap), and prompt initiation of antimicrobial therapy are crucial.

Chemoprophylaxis

The use of such prophylactic antibiotics as ciprofloxacin or rifampin is recommended for those who may have been exposed to a person diagnosed with meningococcal disease. Anyone who suspects possible exposure should consult a health care provider immediately.

How can one reduce the risk of contracting meningococcal disease?

Maximize your body's own immune system response. A lifestyle that includes a balanced diet, adequate sleep, appropriate exercise, and the avoidance of excessive stress is very important. Avoiding upper respiratory tract infections and inhalation of cigarette smoke may help to protect from invasive disease. Everyone should be sensitive to public health measures that decrease exposure to oral secretions, such as covering one's mouth when coughing or sneezing, not sharing eating or drinking utensils, and washing hands after contact with oral secretions.