

FORT HAYS STATE UNIVERSITY MENINGITIS POLICY

Fort Hays State University requires all students living in University Housing or Greek Housing to receive the meningitis vaccination or sign a waiver indicating their knowledge of the risks of bacterial meningitis and their decision to not be vaccinated. It is also strongly recommended that all other students become knowledgeable about meningitis and consider vaccination in order to reduce their risk. Students may provide proof of vaccination from their primary care provider or receive the vaccine at the Student Health Center.

Non-compliant students will be placed on administrative HOLD and will remain on administrative HOLD until compliance is documented with the Student Health Center. "Administrative HOLD" means that the student is unable to enroll for the following semester. Immunization status will be maintained at the Student Health Center.

MENINGITIS RESERVATION/WAIVER FORM

Name _____

SS#/ID# _____ Date of Birth _____

FHSU Address _____

Phone # _____ Cell # _____

Email address _____

Please reserve a dose of meningitis vaccine for me. I will receive the vaccine on move in day clinic or at the Student Health Center (circle one). Please enclose payment of \$85.00 or plan to pay at the time the injection is given. You will also be required to complete your health history form prior to receiving the vaccine. You may either complete it online at www.fhsu.edu/studenthealth/form.shtml or you may complete it in person prior to receiving the vaccine. Please bring your other immunization dates with you so we can verify them as well.

I have already received the vaccine.

Type of vaccine given _____

Date vaccine given _____

Provider name _____

Provider address/phone _____

Proof of vaccination must be enclosed.

I have read the letter and 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.

Signature _____

Date _____