

### IMMUNIZATION FORM

Full Name: \_\_\_\_\_ Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: ☐ Male ☐ Female Cell Phone (or home phone): \_\_\_\_\_

#### IMMUNIZATION REQUIREMENTS

**All students must complete the following vaccination requirements no later than 30 days after moving into the residence hall.**

Failure to fulfill this requirement may jeopardize your housing assignment. All students must mail or bring in a completed vaccination form, medical history form, and meningitis requirement and waiver form to the Residential Life Office.

#### IMMUNIZATION HISTORY

The following section must be completed by a health care provider.

#### MANDATORY IMMUNIZATIONS

The following immunizations are MANDATORY and must be updated or must provide documentation that you have received the required immunization.

Vaccine	Date of Immunization	Date of Immunization	Date of Immunization
Varicella (chicken pox)	Dose 1 ____ / ____ / ____	Dose 2 ____ / ____ / ____	Or confirmed date of disease: ____ / ____ / ____
M.M.R. (Mumps, Measles, Rubella)	Dose 1 ____ / ____ / ____	Dose 2 ____ / ____ / ____	
Tetanus booster <i>Must be administered within last 10 years.</i>	Dose ____ / ____ / ____	Booster type: <input type="checkbox"/> Td <input type="checkbox"/> Tdap	
Meningitis <i>Signed exemption waiver is required in lieu of immunization.</i>	Dose ____ / ____ / ____	Vaccination type: _____	
Tuberculin Skin Test <i>Test must be administered within 12 months prior to entering campus housing.</i>	Date read: _____ Induration (mm): _____ Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative A positive TST requires a chest x-ray. Please include chest x-ray radiological report with this form - do not send x-rays. Please complete information below if chest x-ray is administered: Date of chest x-ray: _____ Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		

#### RECOMMENDED IMMUNIZATIONS

The following immunizations are RECOMMENDED but are not required in order to live in the dormitory.

Vaccine	Date of Immunization	Date of Immunization	Date of Immunization
Hepatitis A	Dose 1 ____ / ____ / ____	Dose 2 ____ / ____ / ____	Dose 3 ____ / ____ / ____
Hepatitis B	Dose 1 ____ / ____ / ____	Dose 2 ____ / ____ / ____	Dose 3 ____ / ____ / ____

#### HEALTH CARE PROVIDER INFORMATION - Must be completed by a health care provider.

Provider Name (Print): \_\_\_\_\_ Address: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

A completed immunization form, medical history form, and meningitis requirement and waiver form must be returned to the Residential Life Office no later than 30 days after moving into the residence hall. Please bring in or mail these materials to:

**LaTrina Rogers, Director of Residential Life/Ranken Technical College/4431 Finney Avenue/St. Louis, MO 63113**

## **MEDICAL HISTORY FORM**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Sex: ☐ Male ☐ Female

Present Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Parent, Guardian, or Emergency Contact \_\_\_\_\_

Full Address (if different from above) \_\_\_\_\_

Parent/Guardian Cell or Business Phone \_\_\_\_\_ Parent/Guardian Home Phone \_\_\_\_\_

Your Physician's Name and Phone Number \_\_\_\_\_

### **INSURANCE INFORMATION**

Do you currently have health insurance or are you covered under a parent/guardian's plan? *(If you are on your parent's policy, check the age limit for dependents)*

Yes ☐ No ☐ If yes, name of insurance company \_\_\_\_\_

Name & relation of primary policy holder \_\_\_\_\_ Policy Number \_\_\_\_\_

(Name) (Relation)

### **MEDICAL HISTORY**

Are you allergic to any medication? Yes ☐ No ☐ If yes, please list. \_\_\_\_\_

\_\_\_\_\_

Please list any other kinds of allergic conditions such as asthma, hay fever, etc. \_\_\_\_\_

\_\_\_\_\_

Please list all prescription medications that you take and will have in the dormitory. \_\_\_\_\_

\_\_\_\_\_

Are you currently being treated for any health or mental health conditions? Yes ☐ No ☐ If yes, please explain the conditions. \_\_\_\_\_

\_\_\_\_\_

Describe any current or previous serious illness, injuries, psychiatric hospitalizations, or admission to drug and alcohol rehabilitation programs. Please explain the nature of the condition you were treated for, the approximate date, hospital name and location. Are there any persistent after effects? \_\_\_\_\_

\_\_\_\_\_

### **OPERATIVE PERMIT**

The law requires that parental permission be obtained for operative procedures on minors. **A minor is defined as a person under the age of 18 years.** The following consent form should be signed by the parent or guardian of the minor so that in the event of an emergency, medical procedures may be promptly carried out, and so that no unnecessary delays will occur with less urgent operative procedures. **However, no operation other than minor office procedures will be performed, except in cases of extreme emergency, without the parent or guardian being contacted and fully informed.** Ranken will not be held financially responsible for any operative procedures that the student may undergo.

I give permission for such operative procedures as may be deemed necessary for my son/daughter/ward.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

## **MENINGITIS VACCINATION REQUIREMENT AND EXEMPTION WAIVER FORM**

REQUIREMENT MUST BE MET NO LATER THAN 30 DAYS UPON MOVING INTO THE DORMITORY

FILL OUT SECTIONS 1 AND 2 OR SECTIONS 1 AND 3

### **SECTION 1**

Student Name \_\_\_\_\_ Social Security # \_\_\_\_\_

### **SECTION 2**

To be completed by a health care provider (documentation from a physician showing receipt of vaccine or copy of immunization record is also acceptable)

The above named student received meningococcal vaccine on \_\_\_\_\_

Health Care Provider Name \_\_\_\_\_ Phone \_\_\_\_\_

Provider Address \_\_\_\_\_  
Street City State Zip

Signature of Provider \_\_\_\_\_

### **SECTION 3**

#### **VACCINE WAIVER**

To be completed by the individual (or parent/guardian for individuals less than 18 years of age) requesting an exemption from the requirement.

#### **FOR INDIVIDUALS 18 YEARS OR OLDER**

I am 18 years of age or older. I have received and read the information in the handout titled *Background: Meningococcal Disease on Campus* provided by Ranken Technical College explaining the risks of meningococcal disease. I am aware that meningococcal disease is a rare, but life-threatening illness. I understand that Ranken Technical College policy requires that all first time resident students be vaccinated against meningococcal disease. With this waiver, I seek exemption from this requirement. I voluntarily agree to release, discharge, indemnify and hold harmless Ranken Technical College, its officers, employees and agents from any and all costs, liabilities, expenses, claims or causes of action on account of any loss or personal injury that might result from my decision not to be immunized against meningococcal disease.

Student Name \_\_\_\_\_ Student Signature \_\_\_\_\_

Date \_\_\_\_\_

#### **PARENT/GUARDIAN ACKNOWLEDGMENT (FOR RESIDENTS UNDER 18 YEARS OF AGE)**

I have received and read the information in the handout provided by Ranken Technical College titled *Background: Meningococcal Disease on Campus* and am aware of the decision of the above-named student regarding vaccination against meningococcal disease. I am aware that meningococcal disease is a rare, but life-threatening illness. I understand that Ranken Technical College policy requires that all first time resident students be vaccinated against meningococcal disease. With this waiver, the above-named student seeks exemption from this requirement. We voluntarily agree to release, discharge, indemnify and hold harmless Ranken Technical College, its officers, employees and agents from any and all costs, liabilities, expenses, claims or causes of action on account of any loss or personal injury that might result from our decision for the above-named student not to be immunized against meningococcal disease.

Name of Parent/Guardian \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## Background: Meningococcal Disease on Campus

### Overview of Meningococcal Disease

Meningococcal disease is a potentially life-threatening bacterial infection that can lead to meningococcal meningitis, an inflammation of the membranes surrounding the brain and spinal cord, or meningococcal septicemia, an infection of the blood.

Meningococcal disease, caused by bacteria called *Neisseria meningitidis*, is the leading cause of bacterial meningitis in older children and young adults in the United States. It strikes 1,400 to 3,000 Americans each year and is responsible for approximately 150 to 300 deaths.

Adolescents and young adults account for nearly 30 percent of all cases of meningitis in the United States. In addition, approximately 100 to 125 cases of meningococcal disease occur on college campuses each year, and five to 15 students will die as a result. Evidence shows approximately 70 to 80 percent of cases in the college age group are caused by serogroup C, Y, or W-135, which are potentially vaccine-preventable.

### Vaccination Recommendations for College Students

Because disease rates begin to climb earlier in adolescence and peak between the ages of 15 and 20 years, the vaccine is also recommended for all adolescents 11 through 18 years of age.

The American College Health Association (ACHA) issued similar immunization recommendations for all first-year students living in residence halls. ACHA recommendations further state that other college students under 25 years of age may choose to receive meningococcal vaccination to reduce their risk for the disease.

ACHA and CDC recommendations, coupled with ample supply of a vaccine that may provide longer duration of protection, will help increase rates of immunization against meningococcal disease and will give college health professionals the guidance needed to help protect college students against meningococcal disease.

### Meningococcal Disease Caused by Five Strains/Serogroups

Five predominant strains or serogroups of *N. meningitidis* account for most cases of meningococcal disease. These are A, B, C, Y, and W-135. The currently available vaccine protects against four of the five strains (A, C, Y, and W-135), and evidence shows approximately 70 to 80 percent of cases in the college age group are caused by serogroup C, Y, or W-135, which are potentially vaccine-preventable. No vaccine is available for widespread vaccination against serogroup B.

### Transmission and Symptoms of the Disease

Meningococcal disease is contagious and progresses very rapidly. The bacteria are spread person-to-person through the air by respiratory droplets (e.g., coughing, sneezing). The bacteria also can be transmitted through direct contact with an infected person, such as oral contact with shared items like cigarettes or drinking glasses, and through kissing.

Meningococcal bacteria attach to the mucosal lining of the nose and throat, where they can multiply. When the bacteria penetrate the mucosal lining and enter the bloodstream, they move quickly throughout the body and can cause damage to various organs.

Many people in a population can be a carrier of meningococcal bacteria (up to 11 percent) in the nose and back of the throat, and usually nothing happens to a person other than acquiring natural antibodies. Symptoms of meningococcal disease often resemble those of the flu or other minor febrile illness, making it sometimes difficult to diagnose, and may include high fever, severe headache, stiff neck, rash, nausea, vomiting, fatigue, and confusion. Students who notice these symptoms - in themselves, friends, or others - especially if the symptoms are unusually sudden or severe, should contact their college health center or local hospital. If not treated early, meningitis can lead to death or permanent disabilities. One in five of those who survive will suffer from long-term side effects, such as brain damage, hearing loss, seizures, or limb amputation.

### **Persons at Risk for the Disease, Including College Students**

Meningococcal disease can affect people at any age. Infants are at the highest risk for getting the disease. Disease rates fall through later childhood but begin to rise again in early adolescence, peaking between the ages of 15 and 20 years.

Due to lifestyle factors, such as crowded living situations, bar patronage, active or passive smoking, irregular sleep patterns, and sharing of personal items, college students living in residence halls are more likely to acquire meningococcal disease than the general college population.

Prior to 1971, military recruits experienced high rates of meningococcal disease, particularly serotype C disease. The United States military now routinely vaccinates new recruits. Since the initiation of routine vaccination of recruits, there has been an 87 percent reduction in sporadic cases and a virtual elimination of outbreaks of invasive meningococcal disease in the military.

In addition to increased risk because of crowded living situations, proximity to a person diagnosed with disease (e.g., being a household contact) also increases one's risk of disease. Other factors also increase risk, such as a compromised immune system (which might be caused by HIV/AIDS or taking certain chemotherapy or immuno-suppressants) or having no spleen. Even something as simple as a respiratory tract infection may increase the risk of getting the disease. Certain genetic risk factors also may increase susceptibility to infection.

### **Vaccination to Prevent Meningococcal Disease**

Meningococcal vaccination is recommended for all first-year students living in residence halls to protect against four of the five most common strains (or types) of *N. meningitidis* (A, C, Y, and W-135). In persons 15 to 24 years of age, 70 to 80 percent of cases are caused by potentially vaccine-preventable strains. All other college students younger than 25 who wish to reduce their risk of infection may choose to be vaccinated.

Because disease rates begin to climb earlier in adolescence and peak between the ages of 15 and 20 years, the vaccine also is recommended for all adolescents 11 through 18 years of age.

### **For More Information**

For more information on meningococcal disease and the vaccine, please visit the websites of the American College Health Association, [www.acha.org/meningitis](http://www.acha.org/meningitis), and the Centers for Disease Control and Prevention, [www.cdc.gov/ncidod/diseases/submenus/sub\\_meningitis.htm](http://www.cdc.gov/ncidod/diseases/submenus/sub_meningitis.htm).

### **The American College Health Association**

The American College Health Association, the nation's principal advocate and leadership organization for college and university health, represents a diverse membership that provides and supports the delivery of health care and prevention and wellness services for the nation's 16 million college students. The association provides advocacy, education, communications, products, and services, as well as promotes research and culturally competent practices to enhance its members' ability to advance the health of all students and the campus community. For more information, visit [www.acha.org](http://www.acha.org).