

Dear Parents and Students,

Late in the summer of 2003, Governor Pataki signed New York State Public Health Law (NYS PHL 2167) requiring institutions, including colleges and universities, to distribute information about meningococcal disease (meningitis) and vaccine information to all students meeting the enrollment criteria, whether they live on or off campus. Cooper Union is also required to maintain a record of the following for each student taking more than six credits in a given semester:

THE RECORD CONSISTS OF:

Response to receipt of meningococcal meningitis disease and vaccination information, signed by the student or a parent or guardian

AND

A record of meningococcal meningitis immunization within the past 10 years

OR

An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the student or parent or guardian

Meningitis is rare. However, when it strikes, its flu like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal cord, seizures, limb amputation and even death.

Cases of meningitis among teens and young adults 15 to 24 years of age (the age of most college students) have more than doubled since 1991.

The disease strikes about 3,000 Americans each year and claims about 300 lives. Between 100 and 125 cases of meningitis occur on college campuses and as many as 15 students will die from the disease. A vaccine is available that protects against four types of the bacteria that cause meningitis in the United States: types A, C, Y and W-135. These types account for nearly two thirds of meningitis cases among college students.

Cooper Union does not offer meningococcal meningitis vaccinations:

You may find a physician or office near you that stocks the vaccine by consulting nmaus.org.

Please complete the Meningococcal Meningitis Vaccination Response Form and return it to the Office of Student Affairs. Even if you have provided proof of vaccination already, you will still need to return this form.

You can also find information about the disease at:

New York State Dept. of Health
health.state.ny.us

Center for Disease Control and Prevention
cdc.gov/ncidod/dbmd/diseaseinfo

ACHA
acha.org

NAME OF STUDENT (PRINT OR TYPE)

DATE OF BIRTH

PLEASE NOTE: THE NEW YORK STATE PUBLIC HEALTH LAW REQUIRES THAT IF THE STUDENT IS UNDER THE AGE OF 18, THE PARENT OR GUARDIAN **MUST** SIGN THIS FORM AS WELL.

CHECK ONE BOX AND SIGN BELOW

I had the meningococcal meningitis immunization within the past 10 years

Date received

Note: The vaccine's protection lasts for approximately 3 to 5 years. Revaccination may be considered within 3-5 years.

I read, or have had explained to me, the information regarding meningococcal meningitis disease. I will obtain immunization against meningococcal meningitis within 30 days from my health care provider.

I read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided I will not obtain immunization against meningococcal meningitis disease.

Signed student

Date

Signed parent/guardian, if student under 18

Date

Student's Name print clearly

Date of Birth

Student ID

Home Address

City

State

Zip

Telephone

E-mail