

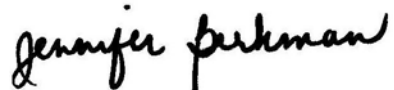
Dear Student:

This letter is to provide information about the meningococcal vaccine. Maryland law requires that every student enrolled at the University and who resides in on-campus housing be vaccinated against meningococcal disease. A student is exempt from this vaccination requirement if he/she (or parent/legal guardian in the case of a minor), after having been advised of the risks of the disease and the availability and effectiveness of the vaccine, signs a written waiver stating that he/she has received and reviewed the information and has chosen not to be vaccinated against the disease. This law includes both undergraduate and graduate students. **You will not be allowed to remain in campus housing until you comply.** Please enter verifiable information on the online Medical History and Immunization Record and complete the Meningitis Immunization Form, below, if you have received the vaccine. If you choose not to be vaccinated, please complete the enclosed waiver and return it to Student Health Services via mail or fax.

Students residing off campus are strongly encouraged to receive the meningococcal vaccine, as well. The American College Health Association, as well as the Center for Disease Control, recommends the vaccine for all college age students. Meningococcal disease is a particular hazard to students who share classes, communal living arrangements and eat, drink or smoke after each other. The vaccine is considered safe and effective and provides protection against four strains of the disease, which account for more than 62% of cases seen on college campuses. There are now three generations of the vaccine available, Menveo, Menectra, and Menomune. All vaccines are administered in one dose. Students who received Menomune are strongly encouraged to be re-vaccinated, according to CDC recommendations, if 3 or more years have elapsed, if you are immune-compromised, if you are susceptible to infections or if you desire to be re-immunized. Studies show that immunity from Menomune begins to wane after 3 years has elapsed since being vaccinated. Immunity is virtually non-existent after 5 years with this vaccine. If you were vaccinated with Menomune and five years has elapsed since you were vaccinated, you are required to be re-vaccinated or sign a waiver indicating that you choose not to, after being informed about these vaccines.

The meningococcal vaccine is generally found in agencies that provide travel immunizations. This may be your local health department, community health agency, outpatient service of your hospital, urgent care centers or through your primary healthcare provider. If you have problems obtaining the vaccine, check with your primary care physician's office for assistance. If you have questions regarding meningococcal disease, the vaccine or this requirement, contact Student Health Services at www.salisbury.edu/health or by calling 410-543-6262.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Berkman". The signature is written in a cursive, flowing style.

Jennifer Berkman
Director

Student Health Services
Meningitis Immunization Form

If you have received the vaccine, please fill out section A and the related information on the online Medical History and Immunization Record.

If you are seeking an exemption from this vaccination, please read the enclosed information, complete the information in section B and sign the waiver.

Name: (Last) _____ (First) _____ (MI) _____

Social Security Number: _____ Date of Birth: _____

Student Identification Number: _____

Student Status: U.S. Citizen(Y/N)____ International(Y/N)____
Name of
Country _____

TO BE COMPLETED BY ALL ON CAMPUS AND COMMUTERS CHOOSING TO GET THE VACCINE.

***Menomune:** Date of Administration: _____

*This vaccine is effective for approximately three to five years. Immunity wanes dramatically after 3 years and is virtually non-existent after 5 years. Students whose vaccinations have not been issued within the past five years **are required** to update their immunization in order to comply with the law.

OR

Menactra: Date of Administration: _____

If you only received Menactra, fill in just the date of that vaccine, directly above. If you received both Menomune and were re-vaccinated with Menactra, fill in the dates of both vaccine administrations.

OR

Menveo: Date of Administration: _____

Physician Printed Name: _____ Phone No: _____

Physician Fax Number: _____ Physician e-mail address: _____

Section B: TO BE COMPLETED BY ON CAMPUS STUDENTS REQUESTING AN EXEMPTION.

I understand that under Maryland law, students enrolled in a Maryland institution of higher education and who reside in on-campus housing are required to be vaccinated against meningococcal disease. With this waiver, I seek exemption from this law. I have read the enclosed information provided by the University where the risks of the disease are detailed. In addition, I acknowledge the detrimental health effects of the disease, which can include death. Lastly, I have read and understand the availability and effectiveness of the two forms of vaccine.

I voluntarily agree to release, discharge, indemnify and hold harmless the State of Maryland, Salisbury University, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my non-compliance with the law.

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver. Note, signature must be witnessed and dated.

Printed Name of Student Signature of Student Today's Date

Printed Name of Witness Signature of Witness Today's Date

NOTE: If the Student is under age 18, a parent/guardian must sign this waiver.

Printed Name of Parent/Guardian Signature of Parent/Guardian Today's Date

Printed Name of Witness Signature of Witness Today's Date

Return waiver to:

Student Health Services
Holloway Hall, Room 180
Salisbury University
1101 Camden Avenue
Salisbury, Maryland 21801
Or fax to: 410-548-4101