

Gallaudet University Student Health Service (SHS)

Information about Meningococcal ACWY Disease and Vaccination and Waiver Form

District of Columbia (DC) regulations mandate college students under 26 years old who are living, or who may live, in on-campus student housing to receive one dose of meningococcal ACWY vaccine after their sixteenth birthday.

The regulation provides an exemption for students signing a waiver that reviews the dangers of meningococcal disease and indicates that the vaccination has been declined. To qualify for this exemption, you are required to review the information below and sign the waiver at the end of this document. Please note that if a student is under 18 years of age, a parent or legal guardian must be given a copy of this document and must sign the waiver.

Meningococcal ACWY Disease Facts

Meningococcal disease is a serious infection caused by bacteria, most commonly causing meningitis (an infection of the membranes that surround the spinal cord and brain) or sepsis (an infection of blood that affects many organ systems).

- College freshmen, particularly those living in residence halls, have a modestly increased risk of getting the disease compared with other persons the same age. Up to 100 cases occur among the 15 million college students in the United States each year, with 5-15 deaths. However, the overall risk of disease, even among college students, is low.
- Crowded living conditions and smoking (active or passive) are additional risk factors
- Bacteria are spread from person to person through saliva and mucus from the mouth and nose, transmitted through close contact. Casual contact or breathing in the same air space is not considered sufficient for transmission.
- Common symptoms include: stiff neck, headache, fever, sensitivity to light, sleepiness, confusion, and seizures.
- The disease can be treated with antibiotics, but treatment must be started early. Even with treatment, some patients may die. Survivors may be left with a severe disability, such as the loss of a limb.
- There is a vaccine available that can protect you from 4 of the 5 most common types of meningococcal bacteria. The vaccine lasts for 3-5 years. Vaccination decreases the risk of meningococcal disease; however, it does not eliminate the risk because the vaccine does not protect against all types of meningococcal bacteria. Approximately 50-70% of meningococcal disease among college students is likely to be vaccine-preventable.
- The vaccine is available through your health care provider, pharmacies, travel clinics, and health departments

MENINGOCOCCAL VACCINE WAIVER

Last Name First Name

Date of Birth

By signing below, I understand and state that:

1. I have received and reviewed the information provided by the Gallaudet University University explaining the risk of meningococcal disease, and the effectiveness and availability of the meningococcal vaccine.
2. I understand that D.C. Code §38-503 and related regulations require that each first-year student who is enrolled at the university and is living in, or who may live in on-campus student housing, must be vaccinated against meningococcal disease or must sign a waiver of the meningococcal vaccine requirement.
3. I understand that in accordance with university policy, each student who is enrolled in any school of the university for the first time, including transfer students, must make an election to receive the meningococcal vaccine or to waive the vaccine requirement.
4. I acknowledge that meningococcal disease is a rare, but life-threatening illness; however, I decline the vaccine on my own behalf since I am eighteen (18) years of age or older; or I decline the vaccine on behalf of the student identified below if they are younger than eighteen (18) years of age.
5. I am either eighteen (18) years of age or older and applying for this waiver on my own behalf; or I am the parent or legal guardian of the student identified below and am applying for this waiver on their behalf.

By signing this waiver, I am seeking an exemption from the meningococcal vaccine requirement mandated by D.C. law. I hereby voluntarily agree to fully release the Gallaudet University, the Student Health Service and its staff from any and all costs, liabilities, expenses and any other consequences thereof that might result from my decision to decline the meningococcal vaccine.

Student's Signature Date

PRINT: Student Name

Parent/Legal Guardian Signature (if under 18) Date

PRINT: Parent/Legal Guardian Name (if under 18)

Please submit this form through the [student portal](#)