MENINGOCOCCAL VACCINE REQUIREMENT
NOTIFICATION

Following is State of Georgia legislation concerning meningitis information and vaccination for college students:

“Every public and nonpublic postsecondary educational institution shall provide to each newly admitted freshman or matriculated student residing in campus housing as defined by the postsecondary educational institution, or to the student’s parent or guardian if the student is a minor, the following information:

- Meningococcal disease is a serious disease that can lead to death within only a few hours of onset; one in ten cases is fatal; and one in seven survivors of the disease is left with a severe disability, such as the loss of a limb, mental retardation, paralysis, deafness, or seizures;
- Meningococcal disease is contagious but a largely preventable infection of the spinal cord fluid and the fluid that surrounds the brain;
- Scientific evidence suggests that college students living in dormitory facilities are at a moderately increased risk of contracting meningococcal disease; and
- Immunization against meningococcal disease will decrease the risk of the disease.”

Students who are 18 years of age or older shall be required to sign documentation that they have been provided information concerning the risks associated with meningococcal disease as required by the State of Georgia. If a student is a minor, only a parent or guardian may sign such documentation. Students may choose to waive the vaccination requirement by signing the statement below, OR students may provide proof of vaccination to the school nurse.

Printed Name ________________________________________________

Last    First    Middle    Date

I have read the law concerning meningococcal disease and understand the risks involved if it is contracted. I understand the meningococcal meningitis vaccine is 85 to 100 percent effective against four of the five most common strains of the bacteria that cause meningococcal meningitis and that studies show that up to 80 percent of cases on college campuses are vaccine preventable. **By signing this statement, I hereby release Emmanuel College from liability should I become infected and choose not to receive vaccination by a physician or health department.**

Signed: ___________________________________________ Date __________________________
Student or Parent/Guardian of a minor

**OR** (do not sign in both places)

I have received vaccination against meningococcal disease and have attached proof of vaccination from a physician or health department.

Signed: ___________________________________________ Date __________________________
Student or Parent/Guardian of a minor

PLEASE RETURN TO: DEBRA GRIZZLE, REGISTRAR
EMMANUEL COLLEGE
FRANKLIN SPRINGS, GA  30639