

Meningitis Health Information Facts/MNU Policy & Waiver Information

To reduce the spread of bacterial meningitis among the student population, the MIDAMERICA NAZARENE UNIVERSITY campus requires that all students living in MIDAMERICA NAZARENE UNIVERSITY residence housing are to receive the meningitis vaccination. All students living in student housing must either provide written documentation of immunization or sign a waiver to indicate they have been informed about the disease and vaccine and have chosen not to be immunized. Non-compliant students will be placed on administrative hold following the first week of classes and remain on administrative hold until the compliance is documented with Student Health Services. Students will be unable to enroll for the following semester until the hold is released. Furthermore, it is strongly recommended that students living in other forms of group housing receive the vaccination. The MIDAMERICA NAZARENE UNIVERSITY campus encourages all other students to consider vaccination as well as to become knowledgeable about meningitis and its symptoms in order to reduce their personal risk. The vaccination is available at the MIDAMERICA NAZARENE UNIVERSITY Health Center.

What is meningococcal meningitis?

Meningococcal meningitis is a severe bacterial infection of the bloodstream and meninges (a thin lining covering the brain and spinal cord). It is a relatively rare disease and usually occurs as a single isolated event. Clusters of cases or outbreaks are also possible.

Who gets meningococcal meningitis?

Anyone can get meningococcal meningitis, but it is more common in infants, children and young adults. Also, college freshmen who live in dormitories have a slightly higher risk of getting this infection than others their age.

How is the germ that causes this type of meningitis spread?

The meningococcal germ is spread by direct close contact with nose or throat discharges of an infected person. Many people carry this particular germ in their nose and throat without any signs of illness, while others may develop serious symptoms.

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How soon do the symptoms appear?

The symptoms may appear two to 10 days after exposure, but usually within five days.

When and for how long is an infected person able to spread the disease?

From the time a person is first infected until the germ is no longer present in discharges from the nose and throat, he or she may transmit the disease. The duration varies among individuals and with the treatment used.

What is the treatment for meningococcal meningitis?

Certain antibiotics are very effective in eliminating the germ from the nose and throat. Penicillin is the drug of choice for meningitis.

Should people who have been in contact

with a diagnosed case of meningococcal meningitis be treated?

Only people who have been in close contact (household members, intimate contacts, health care personnel performing mouth-to-mouth resuscitation, day care center playmates) need to be considered for preventative treatment. Such people are usually advised to obtain a prescription for rifampin from their physician. Casual contact as might occur in a regular classroom, office or factory setting is not usually significant enough to cause concern. People who think they have been exposed to meningococcal infection should contact their local health department to discuss whether they should receive preventative treatment.

Is there a vaccine to prevent meningococcal meningitis?

Presently, there are two vaccines that will protect against several strains of the meningococcal germ.

Part II: Health History Form

Student ID # _____ (office use only)

This form must be filled out and returned with Proof of Immunization before you will be officially admitted to MidAmerica Nazarene University. This form is confidential and kept on file as a part of your permanent health record in the MNU Health Center.

Please type or print in black ink

Date of entrance to MNU: month _____ year _____ **Re-entry?** yes no **Date:** month _____ year _____

Name _____
Last First Middle Initial

Home phone (_____) _____ Gender: male female

Date of birth _____ Country of birth _____ Marital status: S M D W

Home address _____
Street City State Zip

Father's name _____ Address _____
(If different from above)

Father's employer _____ Employer's phone _____

Mother's name _____ Address _____
(If different from above)

Mother's employer _____ Employer's phone _____

Person to call in emergency _____

Relationship _____ Phone # (_____) _____

Health Care

Name and address of your primary physician or other health care provider.

Name _____ Degree _____ (M.D., D.O., R.N., etc.)

Office address _____ Office phone (_____) _____
Street City State Zip

Family History

If you answered "yes" to any of the above, please explain: _____

Relation	Age	State of health	If deceased (cause of death)	Age at death	Has any blood relation (parent, brother, or sister) had:		Check each item
					YES	NO	
Father							Asthma, Hay Fever
Mother							Cancer
Brothers							Diabetes
							Heart trouble
							Convulsive disorder
Sisters							Alcoholism
							Hypertension
							Tuberculosis

Information contained in your medical records will not be released to others without your signed authorization. **Parental requests for information cannot be granted without student/parent notification and release.**

All MNU students must return immunization information and Part II in the envelope provided. The completed forms must reach the Admissions Office prior to registration. If you are not in compliance with the immunization requirements, you will be placed on administrative hold following the first week of classes and remain on administrative hold until the compliance is documented with Student Health Services. Students will be unable to enroll for the following semester until the hold is released.

If additional information is desired, please call the MNU Health Center at (913) 782-3750, ext. 3382, weekdays from 8 a.m. to 5 p.m. Thank you for your cooperation in completing this form.

Return completed form in enclosed envelope to:

MidAmerica Nazarene University
Admissions Office
2030 E. College Way
Olathe, KS 66062-1899

Waiver of meningococcal meningitis immunization

My signature below signifies that I have received and read the material provided to me on meningitis as provided by MIDAMERICA NAZARENE UNIVERSITY. I have chosen not to be immunized. In the event I contract meningitis, I waive my claim against the University as a result of my failure to receive the vaccination.

Signature of student _____ Date _____

Signature of parent/guardian (if student is under 18 years of age) _____ Date _____

Statement of exemption to immunization requirement

If your personal or religious beliefs or a specific medical condition preclude inoculation, you must sign one of the following waivers. In the event of an outbreak, exempted persons will be subject to exclusion from school and/or quarantine.

Medical exemption due to immunization requirement

The physical condition of the named student is such that the required immunizations would endanger life or health, or is medically contraindicated due to other medical conditions. Please specify physical or medical condition.

Physician's signature _____ Print name _____

Address _____

Date _____ Phone (_____) _____

Religious/Philosophical Exemption to Immunization Requirement

Parent or guardian of the named person and or the person himself/herself adheres to a religious or philosophical belief opposed to immunizations.

Signature of student _____ Date _____

Signature of parent/guardian (if student is under 18 years of age) _____ Date _____