Dear Incoming William Paterson University Student,

Congratulations on your recent acceptance to William Paterson University. All new or continuing undergraduate and graduate students enrolled in a program of study leading to an academic degree at any four (4) year public or independent institution of higher education in New Jersey are **required** to provide evidence of immunization as a prerequisite to enrollment.

- **Measles, Mumps, Rubella (MMR) – 2 doses.** Any student born after 1956 must provide vaccination documentation of two (2) doses of MMR. The first dose must be administered on or after your first birthday and the second dose must not be administered any less than one (1) month from the first. *Laboratory blood tests that demonstrate immunity may be submitted in place of vaccination documentation. We must receive a copy of the blood work results in order to verify immunity.*

- **Hepatitis B – 2 or 3 dose series.** As of the Fall 2008 semester NJ State law requires all new incoming students registered for 12 or more credits must provide proof of a completed Hepatitis B vaccine series. This can either be the two (2) dose adolescent series or the three (3) dose pediatric/adult series. *Laboratory blood tests that demonstrate immunity may be submitted in place of vaccination documentation. We must receive a copy of the blood work results in order to verify immunity.*

- **Meningitis Vaccine – *1 or 2 doses.** As of the Fall 2004 semester NJ State law requires all students who intend to live in the residence life halls on campus must provide documented proof of one (1) dose of the meningitis vaccine. *Housing room assignments will not be given until proof of meningitis immunization is provided.* *Two doses of meningitis (MCV4) are recommended for adolescents 11 through 18 years of age: the first dose at 11 or 12 years of age, with a booster dose at age 16. If the first dose (or series) is given between 13 and 15 years of age, the booster should be given between 16 and 18. If the first dose (or series) is given after the 16th birthday, a booster is not needed.*

A request for exemption from these requirements due to religious beliefs may be submitted to the Health and Wellness Center. **The request must be in writing from the enrolled student if aged 18 or over and specifically state the religious doctrine that prohibits vaccination.**

Exemption from requirements based on medical reasons must be submitted to the Health and Wellness Center in the form of a signed statement from a healthcare provider indicating a specific immunization is contraindicated due to a valid medical condition. This documentation will be reviewed annually.

Immunization documentation should be mailed to the Health and Wellness Center. Students who do not comply will have a registration hold placed on their account until documentation is received. Please review all documents to ensure they are correct and complete prior to submitting them to the Health and Wellness Center. Any questions please call: 973-720-2360.

**Deadlines:** All documentation must be received by:
  - **August 1** for the fall semester
  - **January 2** for the spring semester

Do not return this page to us. Keep this page for your records.
Meningitis Information

Certain college students are at increased risk for meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis. In fact, freshman living in residence halls are found to have a 6-fold increased risk for this serious disease according to The American College of Health Association.

What is Meningitis?
Meningitis is a rare but potentially fatal bacterial infection caused by bacterium Neisseria meningitides. It can occur in two forms: as either meningococcal meningitis, an inflammation that affects the brain and spinal cord, or as meningococcemia, the presence of bacteria in the blood. Permanent brain damage, hearing loss, learning disability, limb amputation, kidney failure, or death can result from the infection. If untreated, meningitis can lead to shock and death within hours of the first symptoms.

It strikes about 3,000 Americans each year and claims as many as 300 lives. Of those 300 lives claimed, 100 to 125 cases occur on college campuses.

Who is at risk for Meningitis?
Meningitis can strike at any age however, certain age groups have a greater risk for contracting the disease:

- College students, particularly freshman, who live in campus residence halls
- Anyone in close contact with a known case
- Anyone with an upper respiratory infection with a compromised immune system
- Anyone traveling to endemic areas of the world where meningitis is prevalent

How is Meningitis Transmitted?
Meningococcal bacteria are transmitted through air droplets and direct contact with persons already infected with the disease. Direct contact also occurs with shared items, such as cigarettes or drinking glasses, or through intimate contact such as kissing.

Early Signs and Symptoms of Meningitis
Meningitis usually peaks in late winter and early spring, overlapping flu season, and can easily be mistaken for the flu. Because the infections progresses quickly, students should seek medical care immediately if two (2) or more symptoms occur at the same time. If untreated, meningitis can result in death.

Early signs of meningitis include:

- High fever, rash, nausea and vomiting, severe headache, neck stiffness, lethargy, sensitivity to light

The Meningitis Vaccine
The American College Health Association has adopted the recommendation of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, which states that college students, particularly freshmen living in residence halls, be educated about meningococcal meningitis and the potential benefits of vaccination. It also recommends that other undergraduate students wishing to reduce the risk of meningitis should also choose to be vaccinated.

There are two kinds of vaccines that protect against Neisseria meningitidis available in the United States: meningococcal polysaccharide vaccine (Menomune®), and meningococcal conjugate vaccine (Menactra® and Menveo®). They are 85% - 100% effective in preventing four (4) kinds of bacteria that cause about 70% of disease in the U.S. The vaccines have mild and infrequent side effects such as redness and pain at the injection site. After vaccination, immunity develops within seven (7) to ten (10) days and remains effective for approximately five (5) years. As with any vaccine, vaccination against meningitis may not protect 100% of all susceptible individuals.

According to New Jersey State Law all students who reside in campus residence halls after 2004 must receive a meningitis vaccine prior to moving onto campus.

For more information about meningitis and the vaccine, visit the Health and Wellness Center at WPU or contact your family physician. You can also visit the websites of the Centers for Disease Control and Prevention at http://www.cdc.gov/ncidod/dbmd/diseaseinfo

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The following information must be provided by your healthcare provider, high school, former college/university or any other authorized agency. An attached copy of official immunization records is also acceptable.

1. MMR required by law for ALL students (born after 1956):
   
   MMR (Measles, Mumps, & Rubella) vaccine – 2 doses of each required
   
   Dose #1 _____/_____/_____ (Given on or after 1 year of age)
   Dose #2 _____/_____/_____ (Given at least 30 days after Dose #1)
   
   *OR: Titer date: _____/_____/_____ *Copy of laboratory report must be attached

2. Hepatitis B required by law for ALL students (registered for 12 or more credits per semester):
   
   Hepatitis B vaccine – Proof of a 3-dose series or a valid adolescent 2-dose series is required.
   
   Dose #1 _____/_____/_____  
   Dose #2 _____/_____/_____  
   Dose #3 _____/_____/_____  
   
   *OR: Titer date: _____/_____/_____ *Copy of laboratory report must be attached

3. Meningitis required by law for ALL undergraduate and graduate students (who intend to reside on campus):
   
   Housing assignments will not be provided to the student until proof of meningitis immunization is provided
   
   Meningitis vaccines: _____/_____/_____ Circle Type: Menactra Menveo Menomune
   
   *Booster Dose (if needed) _____/_____/_____ Circle Type: Menactra Menveo Menomune
   
   *Two doses of meningitis are recommended for adolescents 11 through 18 years of age: the first dose at 11 or 12 years of age, with a booster dose at age 16. If the first dose (or series) is given between 13 and 15 years of age, the booster should be given between 16 and 18. If the first dose (or series) is given after the 16th birthday, a booster is not needed.

4. Immunizations strongly recommended by WPU and American College Health Association:
   
   1. Tetanus: _____/_____/_____ (within the last 10 years) Circle Type: Td Tdap
   2. Varicella (Chicken Pox): Dose #1 _____/_____/_____ Dose #2 _____/_____/_____  
      Hx of Disease? Year _____
   3. Mantoux/PPD: Date Placed: _____/_____/_____ Date Read: _____/_____/_____  
      Reaction: _____ mm Result: Positive Negative
      
      CXR Date if PPD is positive: _____/_____/_____ Result: Positive Negative
      
      INH Therapy: Start date: _____/_____/_____ End date: _____/_____/_____
      
      Specify Reason If No Further Treatment Indicated:

Provider’s Printed Name & Signature: ___________________________ Date: __________

Provider Stamp is Required
Meningitis Survey
This section to be completed by ALL students

Student Name: ______________________________________   Student ID# 855_________________
DOB: _______/_______/_______      Contact Phone #: (_______) __________-______________

New Jersey statutes require that all students be informed about meningitis disease, the effectiveness of the vaccines and the availability of immunization. This information is enclosed with this form. The meningitis vaccine can be obtained through your private health care provider, local health departments or by calling the Health and Wellness Center at William Paterson University. After reading the enclosed information on meningitis and the meningitis vaccine please complete the following questionnaire and submit it with your immunization documentation.

Please Check One Box Below:

☐ I have already received the meningitis vaccine.  
(Please make sure you have submitted an authorized copy of the vaccine record with this survey)

☐ I have reviewed the information on meningitis and intend to receive the vaccine.

☐ I have reviewed the information on meningitis and choose not to receive the vaccine.  
(I understand I will not be permitted to live on campus without receiving the vaccine)

____________________________________________________      _______/_______/________
Student signature                                                                 Date

____________________________________________________         _______/_______/________
Parent/Guardian signature if student is under 18 years of age     Date

Parental Consent for Medical Treatment
(If student is less than 18 years of age, parent/guardian signature required below)

I hereby authorize the Counseling, Health and Wellness Center at William Paterson University to render any treatment or medical care deemed necessary to the health and safety of

____________________________
Print Student’s Name

and facilitate ambulance transport to a nearby hospital in the case of a medical emergency.

Parent/Guardian Signature: __________________________________________ Date: _____/____/____