



WILLIAM
PATERSON
UNIVERSITY

COUNSELING, HEALTH, AND WELLNESS CENTER
COUNSELING CENTER • MORRISON HALL • 973.720.2257 FAX 973.720.3919
HEALTH AND WELLNESS CENTER • SCIENCE HALL 104 • 973.720.2360 FAX 973.720.2632
300 POMPTON ROAD • WAYNE, NEW JERSEY 07470-2103 • WWW.WPUNJ.EDU

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 as follows:

- **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 doses.** As of the Fall 2008 semester NJ State law requires all new incoming students provide proof of a completed Hepatitis B vaccine series. This can either be the two (2) dose adult series or the three (3) dose pediatric 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 dose.** 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.***

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 written 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.

Deadlines: Documentation must be received by **July 30** for the fall semester and **January 2** for the spring semester.

Keep for your records

The following information must be provided by your healthcare provider, high school, former college/university or any other authorized agency.

Name: _____ DOB: _____ Banner ID: 855 _____

Circle all that apply: Commuter Resident (will be living on campus) Readmit EOF

A. Immunizations required for ALL undergraduate and graduate students born after 1956:

1. MMR (Measles, Mumps, Rubella) vaccine – 2 doses required

Dose #1 ____/____/____ (given on or after 1 year of age)

Dose #2 ____/____/____ (given at least 30 days after Dose #1)

OR: Titer dates: Measles ____/____/____ Mumps: ____/____/____ Rubella: ____/____/____

Copy of laboratory report must be attached to this form if titer results are submitted as documentation.

2. Hepatitis B vaccine – series of 2 adult doses or 3 pediatric doses required

Dose #1 ____/____/____ Dose #2 ____/____/____ Dose #3 ____/____/____

OR: Titer date: ____/____/____

Copy of laboratory report must be attached to this form if titer results are submitted as documentation.

B. Immunization required for ALL undergraduate and graduate students who intend to reside in WPU housing:

Meningitis Vaccine: ____/____/____ Circle one: Menactra Menomune

Housing assignments will not be given until proof of meningitis immunization is provided.

C. Immunizations strongly recommended by WPU and American College Health Association:

1. Tetanus: ____/____/____ (within last 5 years)

2. Varicella (Chicken Pox): Dose #1 ____/____/____ Dose #2 ____/____/____

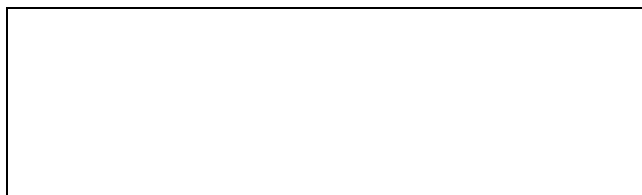
3. Mantoux/PPD: ____/____/____ Reaction: _____mm Positive Negative

CXR date if PPD positive: ____/____/____ Result: Positive Negative

INH Therapy: Start date: ____/____/____ End date: ____/____/____

Printed Name of Healthcare Provider (MD, NP, RN): _____

Signature of Provider: _____ Date: _____



Provider Stamp (REQUIRED)

**Return this form to:
Health and Wellness
300 Pompton Road,
Wayne, NJ 07470**

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 meningitidis*. 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 infection 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 (2) safe and effective meningitis vaccines available presently: Menomune and Menactra. They are 85% - 100% effective in preventing four (4) kinds of bacteria that cause about 70% of disease in the U.S. The vaccine has 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) to ten (10) 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 www.cdc.gov/ncidod/dbmd/diseaseinfo and the American College Health Association at www.acha.org.

Keep for your records

This section to be completed by ALL students

Meningitis Survey

Name: _____

DOB: ____/____/____ Banner ID# 855_____

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.

- ☐ I have already received the meningitis vaccine.
- ☐ 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.

Student signature

Date

Parent signature if student under age 18 years

**Return this form to:
Health and Wellness
300 Pompton Road,
Wayne, NJ 07470**

**This section to be completed by ALL students or by
parent/guardian of students under age 18 years**

Date: ____/____/____

Emergency Contact Information:

Name: _____

Relationship to student: _____

Home telephone: _____-_____-_____

Work telephone: _____-_____-_____

Cell phone: _____-_____-_____

Name: _____

Relationship to student: _____

Home telephone: _____-_____-_____

Work telephone: _____-_____-_____

Cell phone: _____-_____-_____

Consent for medical treatment:

I hereby authorize the Health and Wellness Center at William Paterson University to render any treatment or medical care deemed necessary to the health and safety of _____ and facilitate ambulance transport to a nearby hospital in the case of a medical emergency.

Student Name: _____

DOB: ____/____/____ Banner ID# 855_____

Student Signature: _____ Date: ____/____/____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: ____/____/____
(If student less than 18 years of age)

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