



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.

- **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 **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 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 **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.

Student Name: _____ **DOB:** / / **Student ID# 855**
Circle all that apply: Resident (will be living on campus) Commuter Readmit EOF

Return this form to:
**William Paterson University
Health and Wellness Center
Science Hall, Room 104
300 Pompton Road,
Wayne, NJ 07470**

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.

A. MMR (if born after 1956) & Hepatitis B *required by law* for ALL undergraduate and graduate students:

1. **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: Titters date: ____/____/____ *Copy of laboratory report must be attached*

2. **Hepatitis B vaccine** – Proof of an adolescent 2 dose series or a 3 dose series is required. **Please specify.**

Dose #1 ____/____/____

Dose #2 ____/____/____ ☐ *Check box if 2-dose series (age 11-15 only)*

Dose #3 ____/____/____

OR: Titer date: ____/____/____ *Copy of laboratory report must be attached*

B. Meningitis *required by law* for ALL undergraduate and graduate students who intend to reside on campus.

Meningitis vaccine: ____/____/____ **Circle one:** Menactra Menomune

Housing assignments will not be provided to student 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 **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: _____

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

Signature of Provider: _____ **Date:** _____

Provider Stamp *REQUIRED*

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

Student Name: _____ Student ID# 855 _____

DOB: ____/____/____ Contact Phone #: (____) _____ - _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

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 _____

Print Student's Name

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

Student Signature: _____ Date: ____/____/____

(If student is less than 18 years of age)

Parent/Guardian Name (print): _____

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

Emergency Contact Information:

1. Name: _____

2. Name: _____

Relationship to student: _____

Relationship to student: _____

Home telephone: (____) _____ - _____

Home telephone: (____) _____ - _____

Work telephone: (____) _____ - _____

Work telephone: (____) _____ - _____

Cell phone: (____) _____ - _____

Cell phone: (____) _____ - _____

Return this form to:
William Paterson University
Health and Wellness Center
Science Hall, Room 104
300 Pompton Road,
Wayne, NJ 07470

This section to be completed by ALL students
(Commuter and resident students)

Meningitis Survey

Name: _____

Student ID#: 855_____

DOB: ____/____/____

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.
- ☐ 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 signature if student is under 18 years of age

_____/_____/_____
Date

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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.

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