Meningococcal Disease Information and Vaccine Waiver

Colorado law, Section 23-5-128, C.R.S. requires all public or nonpublic postsecondary education institutions in Colorado to provide information about meningococcal disease to new students. “New students” means any incoming freshman student residing in student housing, or any new student the institution requires to complete and return a standard certificate indicating immunizations received by the student, as a requirement for residing in student housing. All incoming students planning to live in student housing MUST provide proof of a documented dose of meningococcal vaccine (MenACWY) or a meningococcal booster within the past five years, or sign this waiver stating the following potential health risks associated with bacterial meningitis are understood and vaccination is being declined.

◆ Meningococcal disease is a serious disease, caused by a bacteria.
◆ Meningococcal disease is a contagious, but a largely preventable, infection of the spinal cord fluid and the fluid that surrounds the brain. Meningococcal disease can also cause blood infections.
◆ Even when treated, meningococcal disease kills 10 to 15 infected people out of 100. Of those who live, about 10 to 20 will suffer disabilities such as hearing loss, brain damage, kidney damage, amputations, nervous system problems and scarring from skin grafts.
◆ Anyone can get meningococcal disease, but it is most common in infants less than one year of age and in people with certain medical conditions. Scientific evidence suggests that college students living in residence hall facilities are at a modestly increased risk of contracting meningococcal disease.
◆ Immunization against meningococcal disease decreases the risk of contracting the disease. MenACWY can prevent four types of meningococcal disease; these include two of the three most common in the United States. MenACWY vaccine does not prevent all types of the disease, but it does help to protect many people who might become sick if they do not get the vaccine.
  o A vaccine, like any medicine, can cause side effects that can be as severe as allergic reactions. The risk of the meningococcal vaccine causing serious harm, or death, is extremely small. Getting a meningococcal vaccine is much safer than getting the disease.
  o More information can be obtained from the Vaccine Information Statement available at https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html. Students and their parents should discuss the risks and benefits of vaccination with their health care providers.

To receive the MenACWY vaccine against meningococcal disease, students should check with their health care provider, local public health agency, or UCCS Wellness Center. In additional to the MenACWY vaccine, it is recommended that you talk with your health care provider about receiving the meningococcal B vaccine: https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html.

Meningococcal Vaccine (MenACWY) Waiver

New students who have not received a MenACWY vaccine against meningococcal disease within the last 5 years, or their parents/guardians (if under 18 years of age) must check the box and sign below to indicate they have reviewed this information and have decided the student will not obtain the MenACWY vaccine that protects against meningococcal disease. I voluntarily agree to release, discharge, indemnify and hold harmless the State of Colorado, the Regents of the University of Colorado, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from not receiving the meningococcal vaccine. I have read this document with full knowledge of its significance.

Student Signature: ___________________________ Date: ______________
Name of Student (Printed) ___________________________ ID#__________

If the student is under age 18, a parent/guardian must also sign this waiver.

Signature of Parent/Guardian ___________________________ Date: ______________
Name of Parent/Guardian (Printed) ___________________________