

# Bard College Health Services

Dear Student:

As the health service director at Bard College, I am writing to inform you about meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis, and the New York State law. On July 22, 2003, Governor Pataki signed New York Public Health Law (NYS PHL) §2167 requiring institutions including colleges and universities, to distribute information about meningococcal disease and vaccination to all students meeting the enrollment criteria, whether they live on or off campus. This law became effective August 15, 2003.

Bard College is required to maintain a record of the following for each student:

- A response to receipt of meningococcal disease and vaccine information signed by the student or student's guardian. This must include information on the availability and cost of the meningococcal meningitis vaccine (Menomune™); AND EITHER
- A record of meningococcal meningitis immunization within the past 10 years; OR
- An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the student or student's parent or guardian.

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation and even death.

Cases of meningitis among teens and young adults 15 to 24 years of age (the age of most college students) have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives. Between 100 and 125 meningitis cases occur on college campuses and as many as 15 will die from the disease.

A vaccine is available that protects against four types of the bacteria that can cause meningitis in the United States – types A, C, Y and W-135. These types account for nearly two thirds of the meningitis cases among college students.

**We strongly recommend that your son or daughter receive the meningitis vaccine prior to arrival at the college.**

Students can get the vaccination on campus. The vaccination is not covered by the Bard insurance plan and fees will be charged to your student account. The fee for the vaccination is \$100.00.

I encourage you to review the enclosed materials. **Please complete the Meningococcal Meningitis Response Form and return it to:**

Bard College Student Health Service  
PO Box 5000  
Annandale-on-Hudson, NY 12504

If you have questions feel free to contact us at:  
(845) 758-7433  
healthservice@bard.edu

To learn more about meningitis and the vaccine, please feel free to contact our health service and/or consult with your physician. You can also find information about the disease at the following websites: [www.health.state.ny.us](http://www.health.state.ny.us), [www.cdc.gov/ncidod/dbmd/diseaseinfo](http://www.cdc.gov/ncidod/dbmd/diseaseinfo), and [www.acha.org](http://www.acha.org).

Sincerely,

Marsha R. Davis, RN, FNP  
Director, Bard College Student Health Service

# Bard College Meningococcal Meningitis Vaccination Response Form

New York State Public Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following form to:

Bard College Student Health Service  
PO Box 5000  
Annandale-on-Hudson, NY 12504

**TO BE COMPLETED AND SIGNED BY STUDENT OR PARENT/GUARDIAN FOR STUDENTS UNDER THE AGE OF 18.**

**Check one (1) statement only:**

Print Student's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Meningococcal meningitis immunization (Menomune received within the previous 5 years or Menactra received within the last 10 years)

Immunization Date: \_\_\_\_\_

\_\_\_\_\_ I have read the information regarding meningococcal meningitis disease. I will obtain immunization against meningococcal meningitis from my private health care provider or from the Bard College Student Health Service within 30 days of the date of this form. I agree to submit to the Bard College Health Service Office, certification of the date of immunization.

Please check all that apply:

\_\_\_\_\_ I have read the enclosed information on meningococcal meningitis

\_\_\_\_\_ I understand the risks of not receiving the meningococcal meningitis vaccination, but decline.

\_\_\_\_\_ I would like to receive the vaccination but I cannot afford it at this time (\$100)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Student Home Address \_\_\_\_\_

Student E-mail \_\_\_\_\_ Student Phone: (\_\_\_\_\_) \_\_\_\_\_

All inquiries may be directed to the Bard College Student Health Service, (845) 758-7433 or [healthservice@bard.edu](mailto:healthservice@bard.edu).