Meningitis is an infection of the fluid surrounding the brain and spinal cord that is caused by a virus or bacteria. Bacterial meningitis can be severe and cause organ damage and death. There are vaccines available that can prevent 4 types of bacterial meningitis, including 2 of the 3 most common in the U.S. Meningitis vaccines cannot prevent all types of the disease. Meningitis vaccine is recommended for college students living in residence halls, and for other adolescents who want to decrease their risk of contracting bacterial meningitis. If you received the meningitis vaccine before age 16, a booster dose is recommended.

IOWA LAW requires us to provide this information on meningitis and meningitis vaccine. We are also required to collect data on meningitis immunization on our campus.

Please indicate if you have received the meningitis vaccine:
☐ Yes □ No
If yes indicate date given (month, day, year): _____-____-____

Your signature verifies that you have read this information. (Signature) __________________________________ (date) ________

ONLY Health Science students are required to provide documentation of all the immunizations in BOLD below. Those that are starred (*) are optional.

—Chickenpox (Varicella). Proof of immunity may be established by having:
□ Had vaccination series - (month, day, year) given: #1 _____/_____/_____; #2 _____/_____/_____; OR
□ Had the disease - (month, day, year) _____/_____/____

—Tetanus, Diphtheria
□ Td (valid only if within 10 years) - (month, day, year) given _____/_____/____; OR
□ Tdap (valid only if within 10 years) - (month, day, year) given _____/_____/____

* Polio – date (month, day, year) given: _____/_____/____

—Hepatitis B
□ Hepatitis B Series (month, day, year) given: #1 / / ; #2 / / ; #3 / / ; OR
□ Hepatitis A/B Combination Series (month, day, year) given: #1 / / ; #2 / / ; #3 / / ; #4 / / ; #5 / / ;

—Hepatitis B antibody titre. (Provide a copy of the original lab report). If non-immune, boosters required according to protocol.

—Tuberculin skin test (TST) (PPD intradermally). TST is valid only if read 48-72 hours from the time it was placed.
□ TST given: / / ; date read: / ; Result: □ negative □ positive □ mm; OR
□ Interferon Gamma Release Assay (IGRA) test i.e., QuantiFERON TB Gold Test (QFT-G) or T-SPOT.TB drawn: / / ; Result: □ negative □ positive

If your TB screening test is positive, please provide a copy of your chest X-ray report and treatment record if you have had or are on INH.

* HPV series (month, day, year) given: #1 / / ; #2 / / ; #3 / / ;

* Hepatitis A series (month, day, year) given: #1 / / ; #2 / / ;

Signature of your physician, nurse, or immunizing official is required. Date