

Yuba College Health Center Meningococcal Vaccine Consent Form

Important Information

Meningococcal disease or Meningitis is a serious and possibly fatal bacterial illness that affects the brain and spinal cord of all age groups. The usual symptoms are high fever, severe sore throat, severe headache, nausea, vomiting and severe neck stiffness. The “Menomune” vaccine is recommended for college freshmen, particularly those who live in college dormitories, anyone traveling to West Africa, anyone without a spleen, or anyone with an immune system disorder because these groups are more at risk of contracting the disease. This vaccine has been found to protect against serogroups A and C.

Indications:

To produce short-term immunity against serogroups A and C beginning 7-10 days following the vaccine and lasting 3-5 years.

CONTRAINDICATIONS: (Do not take the vaccine if one or more of these conditions exist)

1. Acute or febrile illness with fever above 101°F.
2. Pregnancy.
3. Allergy to Thimerosal, or severe allergic reaction from previous dose of Menomune vaccine.

ADVERSE REACTIONS:

1. Soreness at injection site that may last 1-2 days.
2. Allergic reactions (rarely occur).
3. Fever.

I have read the above information and have had an opportunity to ask questions. I have read the Vaccine Information Statement “Meningococcal Vaccine What You Need To Know,” publication date 7/28/2003, by the CDC. I understand the risks and benefits of the vaccine, and consent to vaccination with Menomune vaccine. If I am a female, I certify that I am not pregnant at this time. I agree to stay in the Health Center for 20 minutes following my injection. I agree to hold Yuba College Health Center and all of its employees harmless should an unforeseen or untoward event occur. It is my intention by this instrument to exempt and relieve Yuba College Board of Directors, its instructors, agents or employees from liability for personal or bodily injury, or wrongful death caused from the administration of the meningococcal vaccine. I hereby CONSENT to receive this vaccine.

Signature

Date

Signature of parent or guardian (if student is under age of 18)

Date

Witness

Date

Resource: With permission from FAO.