Meningococcal Disease Advisory and Notification

Dear Student:
SUA Student Health Services requests that you review the provided information about meningococcal disease. Please review the information, mark one of three options below, sign it and return it by July 1 to Student Affairs at: Soka University of America • 1 University Drive • Aliso Viejo, CA 92656-4105.

As of January of 2004, the State of California began mandating all incoming students living on campus to be made aware of meningococcal disease and the availability of an effective and safe vaccine.

There are 3 important facts about meningococcal disease that you need to know:
- *Meningococcal disease can be devastating.*
  With flu-like symptoms, up to 1 in 5 of those infected will die from vaccine-preventable meningococcal disease.
- *Incoming college freshmen are at increased risk.*
  It has been shown that college students living in dormitories are up to six times more likely to get the disease.
- *Most meningococcal disease is vaccine-preventable.*
  With MENACTRA (MCV4) vaccine, protective antibody levels may be achieved within 7-10 days after vaccination, and it lasts from 3-5 years. However, no vaccine protects 100% of individuals, and it should not be given during an acute illness.

We strongly encourage each student to be vaccinated prior to arrival on campus. If this is not possible, we will be holding a campus-wide vaccination clinic once you arrive at SUA. Our mission is to educate and prevent as well as treat medical problems that might occur. Please assist us by having all mandatory and recommended vaccines updated prior to your arrival.

Sincerely,
Jackie Brodsky RNC-NP
Director of Student Health

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**I have read and understand the danger of meningococcal disease and I elect to do the following:**

- [ ] I have received this vaccine. *(Please include a verification of the vaccination.)*
- [ ] I would like to receive this vaccine at SUA Student Health Services. *(Cost of the vaccine will be approximately $100)*
- [ ] I do not want to receive this vaccine.

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**NAME OF STUDENT** (Please Print)

X / /
SIGNATURE OF STUDENT MONTH/DAY/YEAR

If the student is under 18 years of age, parental signature is also required.

X / /
SIGNATURE OF PARENT/GUARDIAN MONTH/DAY/YEAR