

Meningococcal Requirements for Emerson Graduate Students- 2008 – 2009

The Commonwealth of Massachusetts amended the regulation for Meningococcal vaccine for College students effective November 2006. Colleges **are required** to provide the Massachusetts Department of Public Health (MDPH) information sheet regarding the risk of meningococcal disease and the availability of a vaccine to prevent infection to **all new incoming students regardless of their campus residence**. Students who will reside in college housing are required to be immunized or submit the MDPH waiver acknowledging receipt of the information regarding risk of infection but declining immunization. Since Emerson College does not provide graduate student housing the attached MDPH Public Health Fact Sheet fulfills this requirement. *Emerson College policy requiring Meningococcal immunization/waiver applies to all undergraduate students.* Graduate students may elect to obtain this immunization.

Graduate students who elect to pay the health fee are eligible to obtain services through the Center for Health & Wellness. (*Graduate students enrolled in the College insurance program will automatically be charged the health fee.*) **Eligible students** who wish to be immunized and are unable to obtain the vaccine prior to entrance may complete the request below. **Immunizations are not covered by the College sponsored insurance program.**

Immunization clinic dates will be posted on: www.ecampus.emerson.edu during the fall and spring semesters. **The current cost of the vaccine is \$102.50 and is subject to market changes. Students will be notified at their Emerson E-mail address when the vaccine is available.** Payment must be made at the Office of Student Administrative Services, Little Building Lobby. Bring your receipt of payment to one of the posted immunization clinics to obtain the immunization.

EMERSON COLLEGE Meningococcal Vaccine Order Request

By signing this form you agree to pay the immunization fee in full. If payment is not made within 2 weeks of email notification your account will be charged the immunization fee of \$102.50**

Name _____ Student ID # _____
 Graduate Student (Eligible only if Health Fee paid. OR enrolled in the insurance program)

Student/ Signature _____ Date ___/___/___

****Since the vaccine must be ordered in advance we are unable to issue refunds.
Cost of vaccine is subject to market changes****

Center for Health & Wellness Signature: _____ Date ___/___/___