

Meningococcal Requirements for Emerson Undergraduates - 2007 – 2008

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 initial campus residence. Students residing in college sponsored housing are required to receive the meningococcal vaccine or complete the MDPH waiver acknowledging risk of infection /decline of immunization. The majority of Emerson undergraduate students reside in college sponsored housing (Boston /L.A./Kasteel-Well) at some time during their course of study, thus **Emerson College policy now requires Meningococcal immunization or completion of the waiver declining immunization for all UNDERGRADUATE students regardless of their initial campus residence.**

The MDPH Information & Waiver sheet is attached.

Please complete the following section if you have signed the MDPH waiver because you are unable to be immunized within the first 30days of the start of classes and wish to order the meningococcal vaccine. **The MDPH waiver must accompany this order form.**

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 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 e-mail notification the immunization fee of \$102.50 will be charged to your student account.**

Student Name _____ Student ID # _____

Undergraduate (include MDPH waiver w/ order)

Student/ Signature _____ Date ____/____/____

Parent/Legal Guardian Signature _____ Date ____/____/____
(If student under age 18)

****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 ____/____/____