



FRIENDS
UNIVERSITY

For the (health) record

Please complete this form and return it to:

Fax:

(316) 295-5215

Mail:

Friends University

Residence Life

2100 W. University Ave.

Wichita, Kansas 67213

(316) 295-5500

***Please include a copy of your immunization records that indicate you have received the meningitis vaccine OR submit the waiver.**

Tell us about yourself:

Name: Please print. _____

Home Address: _____

Date of Birth: _____

Student Phone #: _____

Email Address: _____

Date of Entrance _____

Gender: Female Male

Marital Status: Single Married Widowed Divorced

Emergency Contact(s):

Person to Call in an Emergency _____

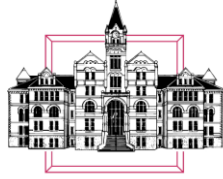
Relationship _____

Phone _____

Person to Call in an Emergency _____

Relationship _____

Phone _____



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Health Information:

This section allows you to provide us with information regarding your health status, and may assist in a time of medical emergency. This information will be kept in your confidential housing file, and shared only in the event of a medical emergency.

CURRENT/CHRONIC HEALTH ISSUES:

CURRENT MEDICATIONS:

ALLERGIES (medicine, food, other):

OTHER HEALTH INFORMATION YOU WOULD LIKE TO SHARE:

Friends University Health and Wellness Office

Meningitis Vaccination and Disease Information Form Revised July 2015

The mission of the Friends University Health & Wellness Office is to assist students in maintaining their optimal level of health and wellness. We are here to help you have a healthy college life. Immunizations are an important aspect of maintaining good health. If you haven't already done so, we recommend updating all of your adult vaccinations.

The Centers for Disease Control (CDC) Advisory Committee on Immunization Practices (ACIP) has established guidelines for the meningitis vaccine aimed at all new students including college freshmen living in campus-owned student housing. The American College Health Association (ACHA) supports these guidelines. In response to these efforts, the State of Kansas has mandated that "all incoming students residing in university housing be vaccinated for meningitis or sign a waiver indicating that they refuse to take the vaccine" effective July 1, 2007.

In an attempt to reduce the risk of this serious disease among the college population and in compliance with State policy, **Friends University requires that each first-time resident of a University owned housing show proof of a current meningitis vaccine or complete and submit a *Meningitis Vaccination and Disease Information Waiver*.** Immunizations help decrease the risk of contracting serious diseases. We are aware reactions can occur with vaccinations. Most reactions are minimal and the vaccine is much safer than getting the disease.

Meningitis is a potentially life threatening bacterial infection. It can cause hearing loss, kidney failure, amputation of limbs and permanent brain injury. The disease can progress rapidly, causing serious problems in as little as 12 hours. Each year the disease strikes about 3,000 people in the United States. Death occurs in approximately 10% of cases. With the vaccine, the majority of cases in the college age population are preventable. It is highly recommended that the student be vaccinated prior to coming to Friends University. The vaccine may be covered by your health insurance. Visit the Center for Disease Control site at www.cdc.gov for further information on meningitis and meningitis vaccinations.

Please complete and return this form along with the appropriate documentation to the Residence Life Office. Proof of the meningitis vaccine or a signed waiver must be presented to the Residence Life Office prior to moving into any Friends University residential facility. For questions call the Residence Life office at 316.295-5500. Proof of vaccination and/or this form may be faxed to 316.295.5215 or emailed to reslife@friends.edu.

_____ I have read the information above & understand the possible consequences of not receiving the meningitis vaccine. I **do not** wish to receive the vaccine at this time. I also understand that by refusing the meningitis vaccine, in the event of a meningitis outbreak on campus, the student named below will be referred to the Sedgwick County Health Department.

Print student's name: _____

Student's Date of Birth: _____

Signature (parent, guardian, emancipated student, or student 18 years and older) Date: _____