BARNARD
Primary Care Health Service

Accredited by the ACCREDITATION ASSOCIATION for AMBULATORY HEALTH CARE, INC.

Rev. 4/2021

Under 18: Required Forms Packet

Under 18: MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM
and
MINORS CONSENT FORM

THESE FORMS MUST BE FAXED OR MAILED BY

June 30, 2021

Address:
Barnard College
Primary Care Health Service
3009 Broadway, New York, NY 10027

Fax Number:
1-212-854-2702

Phone:
1-212-824-2091

For questions, please email Stephanie Paciulla: SPaciulla@barnard.edu

INSTRUCTIONS:

These documents are **required** for students who are 17 years old or younger at the time of completing the Barnard College Incoming Student Health Forms.

1. Have your parent/guardian read the following frequently asked questions about meningitis and complete the "**Under 18: Meningococcal Meningitis Vaccination Response Form.**"
2. Have your parent/guardian read and complete the "**Minors Consent Form.**"

Please fax OR mail these 2 forms along with your paper-based "Incoming Student Immunization Form" by June 30, 2021. As a reminder, we cannot accept any forms via email.

IMPORTANT: Please **DO NOT** fax or mail any forms until **AFTER** you have completed steps 1 to 7 in the step by step guide! **You DO NOT need to mail or fax any instruction pages.**

If you are 18 or OVER at the time of reading this, you DO NOT need to complete these forms!

You must complete the electronic "Meningococcal Meningitis Vaccination Response Form (18 or OVER)" located in the Forms Section of the Primary Care Health Service Open Communicator website: bchealth.barnard.edu.

REQUIRED READING

General Meningitis Questions

Q: What is meningitis?

A: Meningitis is an inflammation of the membranes that cover the brain and spinal cord. People sometimes refer to it as spinal meningitis. Meningitis is usually caused by a viral or bacterial infection. Knowing whether meningitis is caused by a virus or bacterium is important because the severity of illness and the treatment differ depending on the cause. Viral meningitis is generally less severe and clears up without specific treatment. But bacterial meningitis can be quite severe and may result in brain damage, hearing loss, or learning disabilities. For bacterial meningitis, it is also important to know which type of bacteria is causing the meningitis because antibiotics can prevent some types from spreading and infecting other people. Before the 1990s, Haemophilus influenzae type b (Hib) was the leading cause of bacterial meningitis. Hib vaccine is now given to all children as part of their routine immunizations. This vaccine has reduced the number of cases of Hib infection and the number of related

meningitis cases. Today, Streptococcus pneumoniae and Neisseria meningitidis are the leading causes of bacterial meningitis.

Q: What are the signs and symptoms of meningitis?

A: High fever, headache, and stiff neck are common symptoms of meningitis in anyone over the age of 2 years. These symptoms can develop over several hours, or they may take 1 to 2 days. Other symptoms may include nausea, vomiting, discomfort looking into bright lights, confusion, and sleepiness. In newborns and small infants, the classic symptoms of fever, headache, and neck stiffness may be absent or difficult to detect. Infants with meningitis may appear slow or inactive, have vomiting, be irritable, or be feeding poorly. As the disease progresses, patients of any age may have seizures.

Bacterial Meningitis Questions

Q: How is bacterial meningitis diagnosed?

A: Early diagnosis and treatment are very important. If symptoms occur, the patient should see a doctor immediately. The diagnosis is usually made by growing bacteria from a sample of spinal fluid. The spinal fluid is obtained by performing a spinal tap, in which a needle is inserted into an area in the lower back where fluid in the spinal canal can be collected. Identification of the type of bacteria responsible is important for selection of correct antibiotics.

Q: Can bacterial meningitis be treated?

A: Bacterial meningitis can be treated with a number of effective antibiotics. It is important, however, that treatment be started early in the course of the disease. Appropriate antibiotic treatment of most common types of bacterial meningitis should reduce the risk of dying from meningitis to below 15%, although the risk is higher among the elderly.

Q: Is bacterial meningitis contagious?

A: Yes, some forms of bacterial meningitis are contagious. The bacteria can mainly be spread from person to person through the exchange of respiratory and throat secretions. This can occur through coughing, kissing, and sneezing. Fortunately, none of the bacteria that cause meningitis are as contagious as things like the common cold or the flu. Also, the bacteria are not spread by casual contact or by simply breathing the air where a person with meningitis has been.

However, sometimes the bacteria that cause meningitis have spread to other people who have had close or prolonged contact with a patient with meningitis caused by Neisseria meningitidis (also called meningococcal meningitis) or Hib. People in the same household or daycare center, or anyone with direct contact with a patient's oral secretions (such as a boyfriend or girlfriend) would be considered at increased risk of getting the infection. People who qualify as close contacts of a person with meningitis caused by N. meningitidis should receive antibiotics to prevent them from getting the disease. This is known as prophylaxis. Prophylaxis for household contacts of someone with Hib disease is only recommended if there is 1 household contact younger than 48 months who has not been fully immunized against Hib or an immunocompromised child (a child with a weakened immune system) of any age is in the household. The entire household, regardless of age, should receive prophylaxis in these cases.

Q: Are there vaccines against bacterial meningitis?

A: Yes, there are vaccines against Hib, against some serogroups of N. meningitidis and many types of Streptococcus pneumoniae. The vaccines are safe and highly effective.

Taken from the CDC website: http://www.cdc.gov/meningococcal/about/index.html

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Under 18: REQUIRED PRIOR TO ARRIVAL AT BARNARD

TO BE COMPLETED & SIGNED BY YOUR PARENT/GUARDIAN

UNDER 18: MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) hours per quarter, complete and return the following to Barnard College Primary Care Health Service. Please refer to our website at www.barnard.edu/primarycare for more information on meningitis.

Please print legibly in blue or black ink

Student Name: _____
First Middle Last

Home Address: _____
Street City State Zip

Barnard 7-Digit ID #: _____ Student E-mail: _____@barnard.edu

Student Cell Phone: _____

Date of entry to Barnard: _____/_____
M Y

Date of Birth: _____/_____/_____
M D Y

Please Note: If your child received the meningitis vaccination prior to their 16th birthday, it is recommended by the US Centers for Disease Control that they receive a booster vaccination.

CHECK 1 BOX ONLY

☐ My child has had the meningococcal meningitis immunization within the **past 5 years.**
Date received (**MM/DD/YY**) _____/_____/_____
Date booster received (if applicable) (**MM/DD/YY**) _____/_____/_____

Documentation of the meningitis vaccination (Menomune, Menactra, or Menveo in the US) signed by your health care provider must be submitted on the paper-based "Incoming Student Immunization Form" and the web-based "Electronic Incoming Student Immunization Form."

☐ I have read, or have had explained to me, the information regarding meningococcal meningitis disease. **My child will obtain immunization against meningococcal meningitis within 30 days of the beginning of the next semester.**

☐ I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will **NOT** obtain the immunization against the meningococcal meningitis disease.

Signed: _____ Date: _____
(Parent/Guardian's Signature) ***(MM/DD/YY)***

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Under 18: REQUIRED PRIOR TO ARRIVAL AT BARNARD

TO BE COMPLETED & SIGNED BY YOUR PARENT/GUARDIAN

MINORS CONSENT FORM

Consent for Treatment of Minors:
If your child is age 17 or younger this form must be completed.

Please print legibly in blue or black ink

Student Name: _____
First Middle Last

Student Date of Birth: _____/_____/_____
M D Y

I, _____hereby give permission to the
(Print Name of Parent/Guardian)

clinicians at the Barnard College Primary Care Health Service to provide medical care for

_____.
(Print Student's Legal Name)

I understand that clinicians are compelled by the laws of the State of New York to maintain my child's confidentiality with regard to all sexuality-related health needs.

Signed: _____ Date: _____
(Parent/Guardian's Signature) ***(MM/DD/YY)***