MENINGOCOCCAL VACCINE
Information Sheet and Consent Form

Meningitis
Meningitis is an inflammation of the membranes surrounding the brain and spinal cord. The disease can be caused by either viruses or bacteria.

Vaccine Used: Menactra, Meningococcal (Group A, C, Y and W-135).
Without preservative

Precautions:	Sensitivity to Latex?	Yes☐ No☐
	Adverse reaction to Diphtheria Toxoid	Yes☐ No☐
	Adverse reactions to previous vaccines	Yes☐ No☐
	Have you received any vaccines within the past 6 weeks?	Yes☐ No☐
	Any reason to believe you are pregnant at this time?	Yes☐ No☐
	Do you currently have a serious active infection?	Yes☐ No☐
	Are you in generally good health at this time? If no, list ailments.	Yes☐ No☐

Most common reactions, if any, due to Meningitis vaccination include local soreness and/or redness at injection site. Please use cold packs for 20 – 30 minutes, 3 to 4 times over a 24 hour period.

I have read and completed the information sheet, and have had an opportunity to ask questions. I request that the Meningitis vaccine be administered to me by the staff of Student Health Services, at Eastern Kentucky University.

Name_____, _____
(Print) Last First

Address _____
(Local)

Signature _____
(Person receiving vaccine)

Date given _____ Temperature _____

Manufactured by: Sanofi Pasteur. Lot # _____Expiration Date _____

Site and Route: Menactra 0.5ml IM to _____deltoid.

Signature _____
(Health care professional administering)