

**Meningococcal Disease among College Students
Supplemental Case Report From**

State Reporting Case: C A

Case ID: _____

Date of Report: ___/___/___

1. How was the case identified (check all that apply)
- isolation of *N. meningitides* from blood
 - isolation of *N. meningitides* from cerebrospinal fluid
 - culture from other sterile site, specify site _____
 - positive meningococcal antigen test in cerebrospinal fluid
 - clinical purpura fulminans
 - other, specify _____
2. Year of School
- | | | | |
|---|-------------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> freshman | <input type="checkbox"/> sophomore | <input type="checkbox"/> junior | <input type="checkbox"/> senior |
| <input type="checkbox"/> graduate student | <input type="checkbox"/> don't know | | |
3. Full-time or part-time student
(Full-time or part-time as defined by the college)
- full-time part-time don't know
4. Housing:
- apartment
 - dormitory
 - communal living situation (i.e., fraternity/sorority, college house)
 - single family home with family members only
 - single home with other students
 - don't know
 - other, specify _____
5. Full name of College/University: _____

COMMENTS:

Please attach this form to the routine case history ("Meningococcal Disease Case Report"), DHS8469, 6/98) and FAX to:

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