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Meningococcal Meningitis and Hepatitis B Immunization Health History Form

(Must be completed before students under age 18 can register for classes)

Name: _____
Last First M.I.
Date of Birth: _____ Phone: (____) _____
Month/Day/Year

The General Assembly of the State of Tennessee mandates that each public or private postsecondary institution in the state provide information concerning Hepatitis B infection to all students entering the Institution for the first time. Those students who will be living in on--campus housing must also be informed about the risk of meningococcal meningitis infection. The required information below includes the risk factors and dangers of each disease as well as information on the availability and effectiveness of the respective vaccines for persons who are at--risk for the diseases. The information concerning this disease is from the Centers for Disease Control and the American College Health Association.

The law does not require that students receive vaccination for enrollment of Hepatitis B. Furthermore, the institution is not required by law to provide vaccination and/or reimbursement for the vaccine.

**A. Hepatitis B (HBV) Immunization
(TO BE COMPLETED BY ALL NEW STUDENTS)**

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and or bloody fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

_____ I hereby certify that I have read this information and I have received the initial does of the Hepatitis B vaccine. Date of initial dose of the Hepatitis B vaccine: ____/____/____

_____ I hereby certify that I have read this information and I have elected not to receive the Hepatitis B vaccine.

Signature of Student or Parent/Guardian (If student is under 18): _____ Date: _____

The State of TN, as of July 1, 2013, now requires Meningococcal Meningitis vaccinations for all new students living in campus housing. Immunization of Meningitis vaccination must be verified by Health care professional.

**B. Meningococcal meningitis
(TO BE COMPLETED BY ALL NEW STUDENTS)**

Meningitis disease is a rare but potentially fatal bacterial infection, expressed as either meningitis (infection of the membranes surrounding the brain and spinal cord) or meningococemia (bacteria in the blood). Meningococcal disease strikes about 3,000 American each year and is responsible for about 300 deaths annually. The disease is spread by airborne transmission, primarily by coughing. The disease can onset very quickly and without warning. Rapid intervention and treatment is required to avoid serious illness and /or death. There are 5 different subtypes (sereogroups) of the bacterium that causes Meningococcal Meningitis. The current vaccine does not stimulate protective antibodies to Serogroups B, but it does protect against the most common strains of the disease, including sereogroups A, C, Y, and W-135. The duration of protection is approximately three to five years. The vaccine is very safe and adverse reactions are mild and infrequent, consisting primary of redness and pain at the site of injection lasting up to two days.

The advisory Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Control and Prevention (CDC) recommends that college freshmen (particularly those who live in dormitories or residence halls) be informed about meningococcal disease and the benefits of vaccination and those students who wish to reduce their risk for meningococcal disease be immunized. Other undergraduate students who wish to reduce their risk to meningococcal disease may also choose to be vaccinated.

_____ I hereby certify that I have read this information and I have received the vaccine for Meningococcal Meningitis. Date of initial dose of the Meningitis vaccine: ____/____/____

_____ I hereby certify that I have read this information and I have elected not to receive the vaccine for Meningococcal Meningitis.

Signature of Student or Parent/Guardian (If student is under 18): _____ Date: _____

For more information about Hepatitis B disease and vaccine, please contact your local health care provider or consult the Center for Disease Control and Prevention Web site at www.cdc.gov.

Health Care Provider:

Signature or stamp _____ Date _____

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