

Meningococcal Meningitis and Hepatitis B Immunization Health History Form

Name: _____

Last

First

MI

Date of Birth: _____ Social Security Number*: _____ - _____ - _____ 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 these diseases is from the Centers for Disease Control and the American College Health Association.

The law does not require that students receive vaccination for enrollment. 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 body 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 dose 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 (Parent/Guardian if student is under 18): _____ **Date:** _____

B. Meningococcal Meningitis

[TO BE COMPLETED BY ALL NEW STUDENTS]

Meningococcal disease is a rare but potentially fatal bacterial infection, expressed as either meningitis (infection of the membranes surrounding the brain and spinal cord) or meningococcemia (bacteria in the blood). Meningococcal disease strikes about 3,000 Americans 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 (called serogroups) 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 serogroups 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 primarily 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 for meningococcal disease may also choose to be vaccinated.

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

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

Signature (Parent/Guardian if student is under 18): _____ **Date:** _____

For more information about Meningococcal Meningitis and 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/default.htm].

* In accordance with the Privacy Act of 1974, please be advised that the requested disclosure of your Social Security Number is voluntary and optional. Your Social Security Number will not be disclosed to individuals or agencies outside of the institution except in accordance with the institutional policy on student records.