Meningococcal Meningitis and Hepatitis B Immunization Health History Form

Name:		T		
Last		First	MI	
Date of Birth: Month/Day/	Social Security Number*: Year		Phone: ()	
provide information conc who will be living in on- required information belo and effectiveness of the r diseases is from the Cent The law does not requir	terning hepatitis B infection to all st campus housing must also be inform ow includes the risk factors and dan espective vaccines for persons who ers for Disease Control and the Am	tudents entering med about the ri gers of each dis are at-risk for t erican College	nt. Furthermore, the institution is r	se students tion. The tilability ting these
required by law to prov	ide vaccination and/or reimburse	ement for the va	accine.	
Hepatitis B (HBV failure, and even they develop the completely prevention (3) doses of vaccitwo have been accitated.	death. The disease is transmitted by blo lisease. The primary risk factors for He ntable. Hepatitis B vaccine is available ne are required for optimal protection. quired. The HBV vaccine has a record	that can lead to cood and or body fl patitis B are sexu to all age groups Missed doses ma of safety and is bod d I have received	chronic liver disease, cirrhosis, liver cancer luids and many people will have no sympto al activity and injecting drug use. This dise to prevent Hepatitis B viral infection. A sy still be sought to complete the series if o elieved to confer lifelong immunity in most the initial dose of the Hepatitis B vaccing the series of the hepati	oms when ease is series of three only one or st cases.
I hereby cer	tify that I have read this information and	d I have elected	not to receive the Hepatitis B vaccine.	
Signature (Parent/Guardian	if student is under 18):		Date:	
Meningococcal di membranes surror about 3,000 Amer transmission, prin is required to avo. There are 5 differ does not stimulate including serogro safe and adverse a two days. The Advisory Cor recommends that meningococcal di	sease is a rare but potentially fatal bactunding the brain and spinal cord) or mericans each year and is responsible for a narily by coughing. The disease can onsid serious illness and or death. The ent subtypes (called sereogroups) of the protective antibodies to Serogroups B, ups A, C, Y and W-135. The duration of eactions are mild and infrequent, consistent mittee on Immunization Practices (AC college freshmen (particularly those where eact and the benefits of vaccination and	erial infection, ex ningococcemia (babout 300 deaths a set very quickly a bacterium that ca but it does protect of protection is ap- sting primarily of CIP) of the U.S. Ca no live in dormito at those students	pressed as either meningitis (infection of to pacteria in the blood). Meningococcal dise annually. The disease is spread by airborned without warning. Rapid intervention an auses Meningococcal Meningitis. The cure transport against the most common strains of the opproximately three to five years. The vaccing redness and pain at the site of injection last centers for Disease Control and Prevention ries or residence halls) be informed about who wish to reduce their risk for meningococcal disease may a strain of the control of t	ease strikes e ad treatment rent vaccine disease, ine is very sting up to a (CDC) coccal
	tify that I have read the information and ningococcal Meningitis vaccine:		the vaccine for Meningococcal Meningi	tis.
I hereby cer	tify that I have read this information and	d I have elected	not to receive the vaccine for Meningoco	occal
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.

**RETURN THIS FORM TO: T.S.U. -Student Health Services 3500 John A. Merritt Blvd. P/O Box 9528 Nashville TN 37209 -1561 (615) 963-5291 Fax 963-5084