## Meningococcal Meningitis and Hepatitis B Immunization Health History Form

	Last		First	МІ
Birthdate	/ Month / Day /			Phone Number ()
entering the information disease. The vaccination	institution for the first time. below includes the risk fact e information concerning th for enrollment. Furthermore	Those students who will be living ors and dangers of each disease a ese diseases is from the Centers f b, the institution is not required by I	in on-campus housing must also be as well as information on the availabi for Disease Control and the America law to provide vaccination and/or rei	tion in the state provide information concerning Hepatitis B infection to all student informed about the risk of meningococcal meningitis infection. The required ulity and effectiveness of the respective vaccines for persons who are at-risk for t an College Health Association. The law does not require that students receive imbursement for the vaccine. For more information about Meningococcal Mening I and Prevention web site at www.cdc.gov/health/default.htm.
<b>[TO BE</b> Hepatitis B ( and many po Hepatitis B v	HBV) is a serious viral infect eople will have no symptom /accine is available to all ag	ALL NEW STUDENTS tion of the liver that can lead to chr s when they develop the disease. e groups to prevent Hepatitis B vira	ronic liver disease, cirrhosis, liver car The primary risk factors for Hepatitis al infection. A series of three (3) dose	ncer, liver failure, and even death. The disease is transmitted by blood and or bod B are sexual activity and injecting drug use. This disease is completely preventat es of vaccine are required for optimal protection. Missed doses may still be sought eved to confer lifelong immunity in most cases.
		have read this information a the Hepatitis B vaccine:		I dose of the Hepatitis B vaccine.
		have read this information a series of the Hepatitis B vac		the Hepatitis B vaccine and/or I am in the process of receiving the
	I hereby certify that I	have read this information a	and I have elected NOT to rec	ceive the Hepatitis B vaccine.
	Signature of Student	or Parent/Guardian (If stude	ent is under 18):	
				_ Date:/ //
[TO BE Meningococ (bacteria in ti coughing. TI sereogroups strains of the infrequent, c and Prevent	cal disease is a rare but po the blood). Meningococcal of he disease can onset very of s) of the bacterium that caus e disease, including sereogi consisting primarily of redne ion (CDC) recommends that	NEW STUDENTS LIV entially fatal bacterial infection, exp lisease strikes about 3,000 Americ uickly and without warning. Rapid es Meningococcal Meningitis. The oups A, C, Y and W-135. The dura ss and pain at the site of injection list t college freshmen (particularly tho	ans each year and is responsible for intervention and treatment is require current vaccine does not stimulate p tion of protection is approximately th asting up to two days. The Advisory of use who live in dormitories or residen	<b>OUSING]</b> on of the membranes surrounding the brain and spinal cord) or meningococcemia a about 300 deaths annually. The disease is spread by airborne transmission, prime ad to avoid serious illness and or death. There are 5 different subtypes (called protective antibodies to Sereogroups B, but it does protect against the most comm ree to five years. The vaccine is very safe and adverse reactions are mild and Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Con ince halls) be informed about meningococcal disease and the benefits of vaccinatio tudents who wish to reduce their risk for meningococcal disease may also choose
		have read this information a al Meningitis vaccine:		ine for Meningococcal Meningitis.
	I hereby certify that I h	nave read this information ar	nd I have elected to receive th	ne vaccine for Meningococcal Meningitis.
	I hereby certify that I ha	ave read this information and	I have elected NOT to receive	the vaccine for Meningococcal Meningitis.
	Signature of Student	or Parent/Guardian (If stude	ent is under 18):	
				_ Date:/ //

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Please return to Tennessee Tech Student Health Services, Box 5096, Cookeville, TN 38505-0001, or fax to (931) 372-3848.