Important! For students under 18: A parent or guardian must complete this form and submit to Student Health Services before you will be permitted to register.

Name:

Last

ETSU STUDENT/UNIVERSITY HEALTH SERVICES Hepatitis B and Meningococcal Meningitis

First

Immunization Health History Form Please Print Legibly in Ink

If under 18, please submit to: Student/University Health Services PO Box 70675 Johnson City TN 37614 FAX: 423-439-4560

PHONE: 423-439-4225

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	ETSU ID #	Phone: ()	
Month/Day/Year			
The General Assembly of the State of Ten information concerning Hepatitis B infect living in on-campus housing for the first till law requires that such students complete a the diseases. The required information be availability and effectiveness of the respect diseases is from the Centers for Disease C	ion to all students entering the in ime must also be informed about and sign a waiver form provided low includes the risk factors and ctive vaccines for persons who a	astitution for the first time. The the risk of Meningococcal M by the institution that includes dangers of each disease as we at-risk for the diseases. The	ose students who will be eningitis infection. Tennessee detailed information about ell as information on the
The law does not require that students retime. However, you must complete this and/or reimbursement for the vaccine.			
A. Hepatitis B (HBV) [TO BE COMPLETED BY ALI Hepatitis B (HBV) is a serious viral ideath. The disease is transmitted by primary risk factors for Hepatitis B a is available to all age groups to preve protection. Missed doses may still b of safety and is believed to confer lif	infection of the liver that can lead to blood and or body fluids and many are sexual activity and injecting drug ent Hepatitis B viral infection. A ser e sought to complete the series if on	people will have no symptoms who use. This disease is completely pries of three (3) doses of vaccine aly one or two have been acquired Hepatitis B vaccine is available a	nen they develop the disease. The preventable. Hepatitis B vaccine are required for optimal. The HBV vaccine has a record the Student Health Clinic.
series of the Hepatitis B vaccine		·	·
I hereby certify that I have	e read this information and I have	e elected not to receive the H	epatitis B vaccine.
Signature of Student or (Parent/Guardi	an If Student is Under 18):		Date:

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 sereogroups) of the bacterium that causes Meningococcal Meningitis. The current vaccine does not stimulate protective antibodies to Sereogroups 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. The Meningococcal Meningitis vaccine is available at the Student Health Clinic.

I hereby certify that I have read the information and I have received or plan to receive the vaccine for Meningococcal Meningitis. 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: