

Meningitis and Hepatitis B Vaccination Disclosure Form

Name of Student (please print): _____

University ID: _____

Birth Date: _____

I, the undersigned student (if 18 years of age or older) or parent (if student is under 18), have read and understood the information provided to me about Meningococcal Meningitis and Hepatitis B. I understand the benefits and risks of being vaccinated against these diseases. The information below regarding my/my student's vaccination status is accurate and is being provided in compliance with the Ohio Revised Code Section 3701.133 (B).

**PLEASE NOTE THAT WHILE THE VACCINATION IS RECOMMENDED,
IT IS NOT REQUIRED.**

Student has received the Meningococcal vaccination. YES _____ NO _____

If YES, please indicate date (MM/DD/YY) of vaccination. _____

Student has received the Hepatitis B vaccination. YES _____ NO _____

If YES, please indicate dates (MM/DD/YY) of vaccination.

1st Dose _____

2nd Dose _____

3rd Dose _____

Student Signature _____ Date _____

Parent Signature (if applicable) _____ Date _____

Please sign and return this form with your housing Contract. Your Contract will not be considered complete without this form. Failure to remit the signed form may impact your housing application date.