VANDERBILT UNIVERSITY
Meningococcal Meningitis and Hepatitis B Immunization and Waiver Form

Name: _____ _____ _____
Last First MI

Date of Birth _____ *Social Security # _____-_____-_____ Phone: _____
Month/Day/Year

The General Assembly of the State of Tennessee mandates that each post-secondary 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 infection. The required information below includes the risk factors and dangers of each disease as well as the 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 Prevention and the American College Health Association.

The TN law requires that all new in-coming students either receive the vaccinations (as outlined below) or sign a waiver indicating that they do not wish to receive the vaccines. While the institution is not required by law to provide vaccination and/or reimbursement for the vaccines, both can be purchased/administered at the VU Student Health Center.

A. Hepatitis B (HBV) Immunization
[TO BE COMPLETED BY ALL NEW IN-COMING STUDENTS - MANDATORY]

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 injection 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 administered to complete the series if only one or two have been previously received. 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. Supply vaccine information on the health questionnaire.**
_____ I hereby certify that I have read this information and **I have elected NOT to receive the Hepatitis B vaccine.**

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

B. Meningococcal Meningitis Vaccine
[TO BE COMPLETED BY ALL NEW STUDENTS LIVING IN UNIVERSITY HOUSING - MANDATORY]

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 or death. There are 5 subtypes (serogroups) of the bacterium that causes Meningococcal Meningitis. The current vaccines do not stimulate protective antibodies to serogroup B, but both protect against the most common strains of the disease, serogroups A, C, Y and W-135. The duration of protection is approximately 3 to 5 years for ***Menomune*** and even longer for the conjugate vaccine ***Menactra***. The vaccines are very safe and adverse reactions are almost always mild and local, consisting primarily of redness and pain at injection site 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 freshman (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 chose to be vaccinated.

_____ I hereby certify that I have read this information and **I have received the vaccine for Meningococcal Meningitis. Supply vaccine information on the health questionnaire.**
_____ 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: _____

For more information about Meningococcal Meningitis and hepatitis B disease and vaccine, please contact your local health care provider or consult the Centers for Disease Control and Prevention web site at www.cdc.gov.

*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 outside of the institution except in accordance with the institutional policy on student records. 12/18/07