

Meningococcal Meningitis and Hepatitis B Immunization Health History Form

(must be completed before students under age 18 can register for classes)

MTSU Health Services • MTSU P.O. Box 237 • Fax 898-5004



Name _____
Last First MI

Date of Birth _____ Social Security Number* _____ - _____ - _____ Phone (____) _____

The General Assembly of the State of Tennessee mandates that each public or private postsecondary institution in the state provide information concerning Hepatitis B infection and Meningococcal Meningitis infection to all students entering the institution for the first time. Tennessee law requires that such students complete and sign a waiver form provided by the institution that includes detailed information about the diseases. The required information below includes the risk factors and dangers of each disease as well as 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 the American College Health Association.

The law does not require that students receive vaccination for enrollment. Furthermore, the institution is not required by law to provide vaccination and/or reimbursement for the vaccine.

A. Hepatitis B (HBV)

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 injecting 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 sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases. MTSU Health Services offers the Hepatitis B vaccine.

_____ I hereby certify that I have read this information and **I have received or plan to receive the complete three-dose series of the Hepatitis B vaccine.**

_____ I hereby certify that I have read this information and **I have elected not to receive the Hepatitis B vaccine.**

B. Meningococcal Meningitis

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 meningococemia (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 five (5) different subtypes (called serogroups) of the bacterium that causes Meningococcal Meningitis. The current vaccine does not stimulate protective antibodies to Serogroups B, but it does protect against the most common strains of the disease, including Serogroups A, C, W, 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 the infection 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 the risk of meningococcal disease may also choose to be vaccinated. The meningitis shot is available at MTSU Health Services.

_____ 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 age 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.*