



****Important: Please note that this form by law must be returned and on file prior to arrival at Heidelberg College in order to receive your key for your residence hall room.**

MENINGOCOCCAL AND HEPATITIS B VACCINATION STATUS FORM

Name of Student: _____ Date of Birth: ____/____/____

I, the undersigned student (if 18 years of age or older) or parent (if student is under 18), have read and understand 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).

Meningococcal Vaccine Received: Yes _____ No _____

If Yes, please list the date: ____/____/____

If No, do you plan to receive the vaccination prior to arriving in August?

Yes _____ No _____

If you have not received the meningitis immunization, do you plan to receive the vaccination through the Health Center upon arrival at Heidelberg College?

Yes _____ No _____

Hepatitis B Vaccine Received: Yes _____ No _____

If Yes, please list the dates: 1st Dose ____/____/____

2nd Dose ____/____/____

3rd Dose ____/____/____

If No, please indicate if you plan to start the vaccine series prior to arrival at Heidelberg College.

Yes _____ No _____

If you have not received the hepatitis vaccination, do you plan to start the vaccination at the Heidelberg College Health Center upon your arrival in August?

Yes _____ No _____

Signature (Student/Parent): _____/_____

Address of Student: _____