

Hepatitis B Immunization Health History Form

ALL FIRST-TIME PELLISSIPPI STATE STUDENTS MUST SIGN THIS FORM PRIOR TO ENROLLING FOR CLASS.

Name _____
Last/first/MI

Date of birth _____ Social Security number* _____ - _____ - _____ Phone (_____) _____
Month/day/year

* 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.

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 to all students matriculating 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 disease. The required information below includes the risk factors and dangers of the disease, as well as information on the availability and effectiveness of the vaccine for persons who are at risk for the disease. The information concerning this disease is from the Centers for Disease Control and Prevention 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.

HEPATITIS B (HBV) IMMUNIZATION (TO BE COMPLETED BY ALL NEW STUDENTS)

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 injected 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 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 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 complete three-dose series of the hepatitis B vaccine.

Date of completion of the hepatitis B vaccination series _____
Month/day/year

I hereby certify that I have read this information, and I have elected not to receive the hepatitis B vaccine.

Student's signature (or parent/guardian's if student is under 18) _____ Date _____

For more information about the hepatitis B disease and its vaccine, please contact your local health-care provider or visit the Centers for Disease Control and Prevention Web site at www.cdc.gov/health.

BOTH SIDES OF FORM MUST BE COMPLETED BY ALL STUDENTS

Certification of Immunization

Student's name _____ Social Security number _____

THE STATE OF TENNESSEE, AS OF JULY 1, 1998, REQUIRES STUDENTS ENTERING COLLEGES, UNIVERSITIES, AND TECHNICAL INSTITUTES TO HAVE PROOF OF TWO DOSES OF MEASLES, MUMPS, AND RUBELLA (MMR) VACCINES. IF YOU ARE A PART-TIME STUDENT AT PELLISSIPPI STATE, YOU ARE NOT REQUIRED TO SHOW PROOF OF MMR IMMUNIZATION.

PART I (TO BE COMPLETED BY STUDENT)

Proof of MMR immunization is not required for the following reason:

- I plan to enroll as a part-time student, or I am currently a part-time student.
- I graduated from a Tennessee public high school in 1998 or after.
- I was born prior to January 1, 1957.

IF ONE OF THE ABOVE IS CHECKED, PLEASE SIGN BELOW AND TURN THE PAGE.

PART II (TO BE COMPLETED BY STUDENT)

Proof of MMR immunization is not required for the following reason:

- I refuse immunization because of religious doctrine. (Reason affirmed under the penalties of perjury. Please attach statement.)

IF THE ABOVE IS CHECKED, PLEASE SIGN BELOW AND TURN THE PAGE.

PART III—MMR (TO BE COMPLETED BY PHYSICIAN)

Please circle the number that applies to this patient:

1. Patient has received two doses of measles vaccination since the age of 12 months:
Month/year _____ Month/year _____
2. Vaccination is medically contraindicated because of pregnancy, allergy to vaccine, etc. (Please list reasons.)

3. Patient had disease, as confirmed by medical record: Month/year _____
4. Patient is immune to disease, as confirmed by laboratory. Comment _____

ATTEST
(Must be signed by an M.D. or D.O.)

Name of physician (Please print) _____

Office telephone _____

Physician's signature _____ Date _____

Student's signature _____ Date _____

BOTH SIDES OF FORM MUST BE COMPLETED BY ALL STUDENTS