If you are over 18 years of age, please complete this form on line at the time of registration.

Meningococcal Meningitis and Hepatitis B Immunization Health History Form Complete in Ink

Return to: Student Health Services PO Box 4655 Clarksville, TN 37044 FAX: 931-221-7388

| Name: | | <u>complete in in</u> | <u>N</u> | FAX: 931-221-7388 PHONE: 931-221-7107 |
|---|--|--|---|---|
| _ | ast rth: Month/Day/Year | First APSU ID # | MI Phone: (|) |
| information living in on law require the disease availability | ral Assembly of the State of Tennon concerning Hepatitis B infection n-campus housing for the first times that such students complete and ess. The required information below and effectiveness of the respection from the Centers for Disease Control of the State of Tennon the Centers for Disease Control of Tennon the Center o | n to all students entering the inst he must also be informed about the d sign a waiver form provided by w includes the risk factors and d we vaccines for persons who are | itution for the first time. The risk of Meningococcal Not the institution that include angers of each disease as wat-risk for the diseases. The | hose students who will be Meningitis infection. <u>Tennessee</u> s detailed information about rell as information on the |
| at this ti | does not require that students inc. However, you must completion and/or reimbursement for t | ete this form. Furthermore, th | | |
| [T H d p is | Tepatitis B (HBV) TO BE COMPLETED BY ALL Idepatitis B (HBV) is a serious viral interact. The disease is transmitted by black. The disease is transmitted by black in the disease is transmitted by black. The disease is transmitted by black. The disease is transmitted by black in the disease is available to all age groups to prevent rotection. Missed doses may still be set as fasfety and is believed to confer lifely. | fection of the liver that can lead to clood and or body fluids and many pe sexual activity and injecting drug ut Hepatitis B viral infection. A serie sought to complete the series if only | ople will have no symptoms wase. This disease is completely s of three (3) doses of vaccine | when they develop the disease. The preventable. Hepatitis B vaccine are required for optimal |
| 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: | | | | |
| I hereby certify that I have read this information and I have elected to receive the Hepatitis B vaccine and/or I am in the process of receiving 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. | | | | |
| Signati | ure of Student or (Parent/Guardian | if Student is Under 18): | | Date: |
| P M st d T st C at I () | Meningococcal Meningitis —Effect rovide medical documentation of Meningococcal disease is a rare but pour prounding the brain and spinal cord) and year and is responsible for about it is ease can onset very quickly and with here are 5 different subtypes (called simulate protective antibodies to Serond in the protective and W-135. The duration of protent in the protection of the protection o | of having received a Meningoc tentially fatal bacterial infection, expor meningococcemia (bacteria in the 300 deaths annually. The disease is hout warning. Rapid intervention and ereogroups) of the bacterium that cargoups B, but it does protect against ection is approximately three to five redness and pain at the site of inject U.S. Centers for Disease Control and ries or residence halls) be informed at risk for meningococcal disease be | pressed as either meningitis (in the blood). Meningococcal diseaspread by airborne transmission of treatment is required to avoing the most common strains of the years. The vaccine is very sation lasting up to two days. The d Prevention (CDC) recomme about meningococcal disease as | past 5 years. Infection of the membranes are strikes about 3,000 Americans on, primarily by coughing. The d serious illness and or death. Itis. The current vaccine does not ne disease, including serogroups A fe and adverse reactions are mild and that college freshmen and the benefits of vaccination and |
| D | I hereby certify that I have tate of Meningococcal Meningiti | read the information and <u>I have r</u> s vaccine:// | received the vaccine for N | leningococcal Meningitis. |
| _ | leningitis. | ead this information and I have e | | |
| | e of Student or (Parent/Guardian l | f Student is Under 18): | | Date: |