

Name _____

D. HEPATITIS B VACCINE AND MENINGOCOCCAL MENINGITIS REQUIREMENT

-Wisconsin State Statute 36.25(46) requires that all students who will be residing in a campus residence hall receive yearly information regarding the risks associated with Hepatitis B and Meningococcal disease and the effectiveness of the vaccines available to prevent these diseases. The student who resides in campus housing must affirm whether he or she has received vaccinations against Meningococcal disease and/or Hepatitis B, and must provide the dates of the vaccinations, if any. The parents of minor students must provide this information.

-The law does not require that students receive vaccination for enrollment. (Hepatitis B Series required for School of Nursing and Perfusion Clinicals.) **Furthermore, this institution is not required by law to provide vaccination and/or reimbursement for the vaccine.**

For further information, please see MSOE website <http://www.msoe.edu/health/>, the Center for Disease Control and Prevention website <http://www.cdc.gov/health/default.htm>, or contact your local health provider.

A. Hepatitis B (HBV) Immunization (COMPLETED BY ALL NEW & TRANSFER 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 injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infections. 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.

_____ I hereby certify that **I have received one or all doses of the Hepatitis B vaccine.**

Hepatitis B only

Combined Hepatitis A & B

Dates: Dose #1 ____/____/____
MM DD YY

2. Dose #2 ____/____/____
MM DD YY

3. Dose #3 ____/____/____
MM DD YY

or Hepatitis B surface antibody: Date: ____/____/____ Immune ____ Not Immune ____
MM DD YY

_____ I hereby certify that I **PLAN** to receive this vaccination in the future. (When/Where?) _____

_____ I hereby certify that I have read the above information, and **I have elected NOT to receive the Hepatitis B Vaccine.**

Signature: _____

Date: _____

*Student Signature Required (Parent/Guardian **only** if student is under 18 y/o)*

B. Meningococcal Meningitis (NEW & TRANSFER ON CAMPUS RESIDENTS)

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 different subtypes (called Serogroups) of the bacterium that causes Meningococcal Meningitis. The current vaccine does not stimulate protective antibodies to Serogroup B. but it does protect against the most common strains of the disease, including Serogroups A, C, Y, and W-135. The duration of the 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 injection 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 their risk for meningococcal disease may also choose to be vaccinated.

_____ I hereby certify that **I have received the vaccine for Meningococcal Meningitis.**

Date: ____/____/____
MM DD YY

_____ I hereby certify that I **PLAN** to receive this vaccination in the future. (When/Where?) _____

_____ I hereby certify that I have read the above information, and **I have elected NOT to receive the vaccine for Meningococcal Meningitis.**

Signature: _____

Date: _____

*Student Signature Required (Parent/ Guardian **only** if student is under 18 y/o)*