



### **Status of Vaccinations for Hepatitis B and Meningococcal Meningitis**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address of Student: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

I, the undersigned student (if 18 years of age or older) or parent (if student is under 18 years of age), have read and understood the information provided to me about hepatitis B and meningococcal meningitis. I understand the benefits and risks of being vaccinated against these diseases. The vaccination status below is accurate and provided for compliance with the Ohio Revised Code, Section 3701.133, (B).

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Hepatitis B vaccine received: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the dates: Dose One \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose Two \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose Three \_\_\_\_/\_\_\_\_/\_\_\_\_

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Meningococcal A, C, W, Y vaccine received: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the dates: Dose One \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose Two \_\_\_\_/\_\_\_\_/\_\_\_\_

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Meningococcal B vaccine received: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the dates: Dose One \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose Two \_\_\_\_/\_\_\_\_/\_\_\_\_

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\_\_\_\_\_  
Signature (Student/Parent)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_