



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).

Hepatitis B vaccine received: Yes _____ No _____

If yes, please list the dates: Dose One ____/____/____

Dose Two ____/____/____

Dose Three ____/____/____

Meningococcal A, C, W, Y vaccine received: Yes _____ No _____

If yes, please list the dates: Dose One ____/____/____

Dose Two ____/____/____

Meningococcal B vaccine received: Yes _____ No _____

If yes, please list the dates: Dose One ____/____/____

Dose Two ____/____/____

Signature (Student/Parent)

Date: ____/____/____