

**Meningococcal Meningitis and Hepatitis B  
Immunization Health History Form**

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Completion of this form is required annually for all students who live in university housing.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First MI

Date of Birth \_\_\_\_\_ Class (circle) Freshman Sophomore Junior Senior

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.

Lawrence University requires that the Hepatitis B vaccine be initiated as a condition for enrollment. Immunization for Meningitis is strongly encouraged. Both vaccines are available on campus at the Landis Health Center, but it is recommended that you receive them prior to coming to campus.

**A. Hepatitis B (HBV) Immunization**

Hepatitis B 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 infection. A series of 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 read this information and **I have received one or all doses of the Hepatitis B vaccine.**

Dates of immunization #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ #3 \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ I hereby certify that I have read this information and understand that Lawrence requires the Hepatitis B vaccine. **I have elected not to receive the Hepatitis B vaccine.**

Signature of student or parent/guardian (if student is under 18) \_\_\_\_\_

**B. Meningococcal Meningitis**

Meningococcal disease is a rare but potentially fatal bacterial infection, expressed as meningitis (infection of the membranes surrounding the brain and spinal cord) or meningococcemia (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 5 different subtypes of the bacterium that causes Meningococcal Meningitis. The current vaccine does not stimulate protective antibodies to group B, but it does protect against the most common strains of the disease, including groups, A, C, Y, and W-135. The duration of the protection is approximately 3-5 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 2 days.

The Advisory Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Control and Prevention (CDC) and the American College Health Association (ACHA) recommend college freshman, especially those living in a residence hall setting, 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 students who wish to reduce their risk for meningococcal disease may also choose to be vaccinated.

\_\_\_\_\_ I hereby certify that I have read this information and **I have received the vaccine for Meningococcal Meningitis.**

Date of immunization \_\_\_\_\_

\_\_\_\_\_ I hereby certify that I have read this information. **I have elected not to receive the vaccine for Meningococcal Meningitis.**

Signature of student or parent/guardian (if student is under 18) \_\_\_\_\_

For more information about Meningococcal Meningitis and Hepatitis B disease, please consult the Center for Disease Control and Prevention Web site at [www.cdc.gov/health/default.htm].