



Meningococcal and Hepatitis B Vaccination Status Form

Name of Student: _____ Date of Birth: ____/____/____

I, the undersigned student (if 18 years of age or older) or parent (if student is under 18), have read and understand the information provided to me about Meningococcal Meningitis and Hepatitis B. I understand the benefits and risks of being vaccinated against these diseases. The information below regarding my student's vaccination status is accurate and provided in compliance with the Ohio Revised Code, Section 3701.133, (B).

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

If yes, please list the dates: 1st Dose ____/____/____

2nd Dose ____/____/____

Meningococcal B vaccine received: Yes _____ No _____

If yes, please list the dates: 1st Dose ____/____/____

2nd Dose ____/____/____

3rd Dose ____/____/____

Hepatitis B vaccine received: Yes _____ No _____

If yes, please list the dates: 1st Dose ____/____/____

2nd Dose ____/____/____

3rd Dose ____/____/____

Date: ____/____/____

Signature (Student/Parent):

Address of Student
