A. MMR (MEASLES, MUMPS, RUBELLA) REQUIRED
(Two doses required at least 28 days apart for students born after 1956 and all health care professional students.)
Dose 1 given at 12 months of age or later: ______ / ______ Dose 2 given at least 28 days after Dose 1: ______ / ______

B. POLIO
1. Completed primary series of polio immunizations: ☐ Yes ☐ No Date of last booster: ______ / ______
2. Type of vaccine: ☐ Oral (OPV) ☐ Injected (IPV) ☐ IPV/OPV Sequential

C. VARICELLA (CHICKENPOX) REQUIRED
1. History of Disease: ☐ Yes ☐ No Varicella antibody: ______ / ______ Result: ____________________________
2. Vaccinated: Dose 1: ______ / ______ Dose 2: ______ / ______ (at least 12 weeks after Dose 1 for ages 1-12 years and at least 4 weeks for ages 13 and older)

D. TETANUS-DIPHTHERIA – PERTUSSIS (BOOSTER IN LAST 10 YEARS) REQUIRED
1. Completed primary series of Tetanus-Diphtheria: ☐ Yes ☐ No Date of most recent booster: ______ / ______
   Date of last dose in series: ______ / ______
   Type of booster: Td _____ Tdap ________ Tdap booster recommended for ages 11-64 unless contraindicated.

E. HUMAN PAPILLOMAVIRUS VACCINE (HPV2 OR HPV4)
(Three doses of vaccine for females and males 11-26 years of age at 0, 1-2, and 6 month intervals.)
Immunization (indicate which preparation): Quadrivalent (HPV4) _______ or Bivalent (HPV2) _______.
1. Dose 1: ______ / ______ Dose 2: ______ / ______ Dose 3: ______ / ______
2. NOT IMMUNIZED ______

F. HEPATITIS A
1. Immunization (hepatitis A)
   Dose 1: ______ / ______ / ______ Dose 2: ______ / ______ / ______
2. Immunization (Combined hepatitis A and B vaccine)
   Dose 1: ______ / ______ / ______ Dose 2: ______ / ______ / ______ Dose 3: ______ / ______ / ______
G. HEPATITIS B

(Recommended for all university students and required for health care professional students. Three doses of vaccine, or a positive hepatitis B surface antibody meets the requirement.)

1. Immunization (hepatitis B)
   Dose 1: ___/___/___ Dose 2: ___/___/___ Dose 3: ___/___/___
   M D Y M D Y M D Y

2. Immunization (Combined hepatitis A and B vaccine)
   Dose 1: ___/___/___ Dose 2: ___/___/___ Dose 3: ___/___/___
   M D Y M D Y M D Y

3. Hepatitis B surface antibody
   Date ___/___/___ Result: Reactive __ Non-reactive ___

4. NOT IMMUNIZED ___

H. PNEUMOCOCCAL POLYSACCHARIDE VACCINE

(One dose recommended for members of high-risk groups.)

1. Date: ___/___/___
   M D Y

2. NOT IMMUNIZED ___

I. MENINGOCOCCAL QUADRIVALENT

(A, C, Y, W-135) One or two doses recommended for all college students - revaccinate every five years if increased risk continues.

1. Quadrivalent conjugate (preferred; administer simultaneously with Tdap if possible.)
   Dose 1: ___/___/___ Dose 2: ___/___/___
   M D Y M D Y

2. Quadrivalent polysaccharide (acceptable alternative if conjugate not available.)
   Date: ___/___/___
   M D Y

3. NOT IMMUNIZED ___

HEALTH CARE PROVIDER

Name ___________________________________________________________ Date ___/___/___
Address ________________________________________________________

MD Signature (REQUIRED) ________________________________________ Phone (        ) _______________

Name of Student _______________________________________________ Date of Birth ___/___/___

I, the undersigned student, have read and understand the information provided to me about Meningococcal Meningitis and Hepatitis B on the attached forms. I understand the benefits and risks of being vaccinated against these diseases. The information provided on this form regarding my vaccination status is accurate and is being provided in compliance with the Ohio Revised Code, Section 3701.133, (B).

Signature (REQUIRED) __________________________________________ Date ___/___/___

Questions?: Health Services 513-244-4769 amy.demko@msj.edu

NEXT STEPS FOR AUGUST START DATE
HEPATITIS B AND COLLEGE STUDENTS

Hepatitis B is a liver disease that results from infection with the Hepatitis B virus (HBV). It can range in severity from a mild illness lasting a few weeks to a serious, lifelong illness. Hepatitis B is usually spread when blood, semen, or another body fluid from a person infected with the Hepatitis B virus enters the body of someone who is not infected. This can happen through sexual contact with an infected person or sharing needles, syringes, or other drug-injection equipment. Hepatitis B can also be passed from an infected mother to her baby at birth.

Hepatitis B can be either acute or chronic. Acute HBV infection is a short-term illness that occurs within the first 6 months after someone is exposed to the Hepatitis B virus. Acute infection can — but does not always — lead to chronic infection. Chronic HBV infection is a long-term illness that occurs when the Hepatitis B virus remains in a person’s body. Chronic HBV is a serious disease that can result in long-term health problems, and even death.

The best way to prevent HBV infection is by getting vaccinated.

How common is hepatitis B in the United States?

About 800,000 to 1.4 million persons in the United States have chronic HBV infection. Each year 38,000 more people, mostly young adults, get infected with HBV and almost 2,000 people die from chronic HBV.

How is hepatitis B spread?

Hepatitis B is spread when blood, semen, or other body fluid infected with the hepatitis B virus enters the body of a person who is not infected. People can become infected with the virus during activities such as:

- Birth (spread from an infected mother to her baby during birth)
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Sharing items such as razors or toothbrushes with an infected person
- Direct contact with the blood or open sores of an infected person
- Exposure to blood from needlesticks or other sharp instruments.

Hepatitis B is not spread by sharing eating utensils, breastfeeding, hugging, kissing, holding hands, coughing or sneezing.

Many people with chronic HBV do not know that they are infected since they do not feel or look sick. However, they can still spread the virus to others and are at risk of serious health problems themselves.

Who is at risk for hepatitis B?

Although anyone can get hepatitis B, some people are at greater risk, such as those who:

- Have sex with an infected person
- Have multiple sex partners
- Have a sexually transmitted disease
- Are men who have sexual contact with other men
- Inject drugs or share needles, syringes, or other drug equipment
- Live with a person who has chronic hepatitis B
- Are exposed to blood on the job

Revised April 2013
• Are hemodialysis patients
• Travel to countries with moderate to high rates of hepatitis B

Does acute hepatitis B cause symptoms?
Sometimes. Although a majority of adults develop symptoms from acute hepatitis B infection, many young children do not. Symptoms of acute hepatitis B, if they appear, can include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, dark urine, clay-colored bowel movements, joint pain, and jaundice (yellow color in the skin or eyes). Symptoms usually last a few weeks, but some people can be ill for as long as 6 months.

What are the symptoms of chronic hepatitis B?
Some people have ongoing symptoms similar to acute hepatitis B, but most individuals with chronic hepatitis B remain symptom free for as long as 20 or 30 years. About 15%–25% of people with chronic hepatitis B develop serious liver conditions, such as cirrhosis (scarring of the liver) or liver cancer.

Can hepatitis B be prevented?
Yes. The best way to prevent hepatitis B is by getting the hepatitis B vaccine. Many physicians offer the vaccine to patients seen in their offices.

Who should get vaccinated against hepatitis B?
Hepatitis B vaccination is recommended for:
• All infants, starting with the first dose of hepatitis B vaccine at birth
• All children and adolescents younger than 19 years of age who have not been vaccinated
• People whose sex partners have hepatitis B
• Sexually active persons who are not in a long-term, mutually monogamous relationship
• Persons seeking evaluation or treatment for a sexually transmitted disease
• Men who have sexual contact with other men
• People who share needles, syringes, or other drug-injection equipment
• People who have close household contact with someone infected with the hepatitis B virus
• Healthcare and public safety workers at risk for exposure to blood or blood-contaminated body fluids on the job
• People with end-stage renal disease, including pre-dialysis, hemodialysis, peritoneal dialysis, and home dialysis
• Residents and staff of facilities for developmentally disabled persons
• Travelers to countries with intermediate or high prevalence rates of hepatitis B
• People with chronic liver disease
• People with HIV infection
• Unvaccinated adults with diabetes mellitus
• Anyone who wishes to be protected from hepatitis B virus infection.

Is the hepatitis B vaccine safe?
Yes the hepatitis B vaccine is safe. Soreness at the injection site is the most common side effect reported, along with a low grade fever. A vaccine, like any medicine, is capable of causing serious problems, such as allergic reactions. However, the potential risks associated with hepatitis B are much greater than the risks the vaccine poses. Since the vaccine become available in 1982, more than 100 million people have received hepatitis B vaccine in the United States and no serious side effects have been reported.

Revised April 2013
People who have ever had a life-threatening allergic reaction to baker’s yeast (the kind used to make bread) or to a previous dose of hepatitis B vaccine should not get the vaccine. People who are moderately to severely ill at the time the shot is scheduled should wait until they recover before getting the vaccine.

College students and their parents should discuss the risks and the benefits of vaccination with their healthcare providers. If college students decide to be vaccinated against hepatitis B, they (or their parents if they are less than 18 years of age) should contact their healthcare provider or the university/college student health center where they will be attending to inquire about receiving the vaccine.


Adapted from material on the CDC Web site: http://www.cdc.gov/hepatitis/index.htm
MENINGOCOCCAL DISEASE AND COLLEGE STUDENTS

Meningococcal disease is a serious vaccine-preventable infection. The meningococcal conjugate vaccine is recommended for all 11-18 year olds. Adolescents should get this vaccine at their 11-12 year old check-up with other preventive services. Adolescents 13-18 years old who haven’t received the vaccine can get it at any time. A booster dose should then be given at age 16 years. For adolescents who receive the first dose at age 13 through 15 years, a one-time booster dose should be administered, preferably at age 16 through 18 years. Adolescents who receive their first dose of MCV4 at or after age 16 years do not need a booster dose.

What is meningococcal disease?

Meningococcal disease is a serious disease caused by the bacteria (*Neisseria meningitidis*). The bacteria can cause meningitis (an inflammation of the lining of the brain and spinal cord) or sepsis (an infection of the bloodstream). Approximately 1,000 cases of meningococcal disease occur in the United States each year.

What are the symptoms of meningococcal disease?

Symptoms of meningitis include stiff neck, headache, fever, nausea, vomiting, confusion and drowsiness. Symptoms of sepsis include fever, rash, hypotension (low blood pressure), shock and multi-organ failure. Meningococcal disease can be very serious – even life-threatening – in 48 hours or less. Death from sepsis can occur within a few hours of the beginning of the illness. Even with antibiotic treatment, people die in about 10-15% of cases. About 11-19% of survivors will have long-term disabilities, such as loss of limb(s), deafness, nervous system problems, or brain damage.

How is meningococcal infection spread?

Meningococcal disease can be spread from person to person. The bacteria are spread by exchanging respiratory and throat secretions during close or lengthy contact (for example, coughing or kissing), especially if living in the same dorm or household. Many people carry the bacteria in their throats without getting meningococcal disease. Since so many people carry the bacteria, most cases of meningococcal disease appear to be random and aren’t linked to other cases.

Who is at risk?

Anyone can get meningococcal disease, but it is most common in infants less than 1 year of age, adolescents and young adults and in people with certain medical conditions. College freshmen, particularly those who live in dormitories, have a slightly increased risk of contracting meningococcal disease. The meningococcal vaccine is a safe and effective way to reduce the risk for contracting meningococcal disease.

What about the vaccine?

The good news is that there are vaccines to help prevent meningococcal disease and it can prevent two of the three most common disease-causing strains. The meningococcal conjugate vaccines are routinely recommended for all 11-18 year olds. In addition to being available at physician offices, the vaccines may also be available at university/college student health centers.

A vaccine, like any other medicine, could possibly cause serious problems, such as severe allergic reactions. The risk of the meningococcal vaccine causing serious harm is extremely small. People should not get meningococcal vaccine if they have ever had a serious allergic reaction to a previous dose of the vaccine.

January 2013
Some people who get the vaccine may develop redness or pain where the shot was given, and a small percentage of people develop a fever. These symptoms usually last for one or two days.

The risks associated with meningococcal vaccine are smaller than the risks associated with contracting the disease. People who are mildly ill at the time the shot is scheduled can still get the vaccine; however, those with moderate or severe illnesses should usually wait until they recover. Meningococcal vaccines may be given to pregnant women. However, the meningococcal conjugate vaccine is a new vaccine and has not been studied in pregnant women as much as the meningococcal polysaccharide vaccine has. Thus, it should be used only if clearly needed.

If college students decide to be vaccinated against meningococcal disease, they (or their parents if they are less than 18 years of age) should contact their healthcare provider or the university/college student health center where they will be attending to inquire about receiving the vaccine. Their parents should discuss the timing, risks and benefits of vaccination with their healthcare providers.

For more information about the meningococcal vaccine access the Vaccine Information Statement at the Centers for Disease Control and Prevention (CDC) Web site:
http://www.cdc.gov/vaccines/pubs/vis/default.htm

Who does CDC recommend get a booster dose of the vaccine?
Adolescents are now recommended to get a booster dose as discussed. Other individuals with high risk medical conditions, occupational risks, or exposure (such as travel to certain parts of Africa) may be advised to receive booster vaccinations as well.

Adapted from material on the CDC website: www.cdc.gov; http://www.cdc.gov/ meningococcal/vaccine-info.html