

**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/ my student's vaccination status is accurate and is being provided in compliance with the Ohio Revised Code, Section 3701.133, (B).

Meningococcal vaccine received? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the date: \_\_\_/\_\_\_/\_\_\_

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

If yes, please list the dates: 1<sup>st</sup> Dose \_\_\_/\_\_\_/\_\_\_  
2<sup>nd</sup> Dose \_\_\_/\_\_\_/\_\_\_  
3<sup>rd</sup> Dose \_\_\_/\_\_\_/\_\_\_

Today's date:

Signature (Student/ Parent)

\_\_\_\_\_/\_\_\_\_\_

Address of Student

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Notice:** This form must be signed and returned prior to move in.  
You will not receive your keys if the form has not been received.

Please return this completed form to:  
Residence Life and Housing  
The University of Akron  
Akron, OH 44325-1401