CINCINNATI CHRISTIAN UNIVERSITY

Disclosure of Vaccination Status

The state of Ohio requires all institutions of higher education to have a disclosure of vaccination status on file for Meningococcal (Meningitis) and Hepatitis B. Please note that Ohio law does not require vaccination of the student, nor does it require the institution to provide or pay for vaccines. The law requires only disclosure of vaccination status of the student. An institution of higher education shall not permit a student to reside in on-campus housing unless the student (or the student's parent if the student is younger than 18 years of age) discloses whether the student has been vaccinated against meningococcal disease and hepatitis B by submitting a meningitis and hepatitis B vaccination status statement.

Meningococcal (Bacterial) Meningitis
Meningococcal (bacterial) meningitis is a potentially fatal bacterial infection that causes inflammation of the membranes surrounding the brain. Symptoms of bacterial meningitis in order of frequency are: stiff neck, fever, headache, rash, extreme fatigue, nausea, vomiting and sensitivity to light. The disease is transmitted through close, direct contact with the oral secretions of an infected person by sharing glasses or utensils, kissing, and coughing. Meningitis is rare in persons over 30 years old and is more common in late winter and early spring.

Hepatitis B
Hepatitis B is a viral infection of the liver that is transmitted from the blood and body fluids of an infected person through another person's mucous membranes or broken skin, much like AIDS (HIV) is transmitted. Hepatitis B is a vaccine-preventable disease. The vaccination schedule consists of three injections: the initial immunization, the second injection one month from the first injection, and the third injection five months from the second injection for optimum immunity. In the event of disruption of the schedule, the immunizations can still be continued, but a blood titer is recommended to determine if a fourth shot is needed.

Please complete the following vaccination information <u>OR</u> attach an immunization record.
Sign and return to Student Services.

_____ _____ _____
Student's Last Name First Name Middle Initial

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 Vaccination: ☐ YES ☐ NO If yes, please list date received: _____

Hepatitis B Vaccination: ☐ YES ☐ NO If yes, please list dates of each dose received:

1st Dose: _____ 2nd Dose: _____ 3rd Dose: _____

_____ _____
Signature *(parent/ guardian if student is under 18 years of age)* Date