

# ROSEDALE

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B I B L E C O L L E G E

## 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 3701.13,(B).

Meningococcal A, C, W, Y vaccine received: Yes \_\_\_\_\_ No \_\_\_\_\_

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

If yes, please list the dates: 2nd Dose \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

If yes, please list the dates: 2nd Dose \_\_\_\_/\_\_\_\_/\_\_\_\_

If yes, please list the dates: 3rd Dose \_\_\_\_/\_\_\_\_/\_\_\_\_

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Signature (Student/Parent)

Date

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Address of Student