

Name _____ Date of Birth _____

Entrance Semester: Year _____ Fall _____ Spring _____ Summer _____

READ CAREFULLY - You must either have the above vaccines or sign the waiver stating you have read about these diseases and declined the vaccines. **ACCURATE AND COMPLETE IMMUNIZATION INFORMATION IS REQUIRED PRIOR TO MOVING INTO THE DORMS.**

1. **Menomune/Menactra (meningococcal meningitis vaccine):** The Advisory Committee on Immunization Practices (ACIP) currently recommends this vaccine for students planning to live in campus dormitories/residence halls. Students wishing to decline the vaccine must first read the information in the box below. Signing the waiver indicates that you understand the possible risk involved in not receiving this vaccine. If you are under the age of 18, a parent or legal guardian must sign the waiver for you.

Menomune/Menactra (for meningococcal meningitis) Date ___/___/___ OR Read and Sign below

Waiver Statement – Meningococcal Meningitis: College students, living in residence halls, are at a slightly increased risk for contracting meningococcal disease. The bacterial form of this disease can lead to serious complications such as swelling of the brain, coma, and even death within a short period of time. Two vaccines are currently available that decrease, but do not completely eliminate, a person’s risk of acquiring meningococcal meningitis. Meningitis is an infection of fluid surrounding the brain and spinal cord. Meningococcal disease also causes blood infections. It can cause death as well as loss of arms or legs, deafness, nervous system problems, mental retardation, seizures or strokes. Meningococcal vaccines cannot prevent all types of the disease but they do protect many people who might become sick if they didn’t get the vaccine and protect about 90% of those who get it.

_____ (initial) I have read the information provided above and I decline receipt of the vaccine for meningococcal meningitis.

2. **Hepatitis B (HBV):** The CDC encourages you to receive this series. Students in many academic programs are required to have the HBV series. Students wishing to decline this vaccine must read the information provided below. Signing the waiver indicates that you understand the possible risk involved in not receiving this immunization. If you are under the age of 18, a parent or legal guardian must sign the waiver for you.

Hepatitis B Dose 1 Date ___/___/___ Dose 2 Date ___/___/___ Date 3 Date ___/___/___
OR Read and sign below

Waiver Statement – Hepatitis B: Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure and even death. Hepatitis B is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired.

_____ (initial) I have read the information provided above and I decline receipt of vaccine to protect against Hepatitis B.

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A medical office, clinic, or health department "official stamp" AND official signature must be included for this document to be complete and approved if the student opted to receive the vaccines.

_____	_____	_____
Public Health Clinic or Physician (Office Stamp)	Authorized Signature	Date

REQUIRED (If under 18, parent/guardian must sign):

Signature of Student: _____ Date _____

A signature of a parent or guardian MUST be included here IF the student is under the age of 18

Medical Consent (for students under 18): I hereby authorize Trinity Baptist College to secure diagnostic procedures by medical professionals necessary to treat my child. I grant permission for the transfer of my child to an accredited hospital or other care facility is deemed necessary for the medical or mental health provider.

Signature of Parent: _____ Date _____

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