



STUDENT ENROLLMENT SERVICES

## Hepatitis B Immunization Health History Form

Name: \_\_\_\_\_ SSN# \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_\_\_ Telephone Number: ( \_\_\_\_\_ )  
Month / Day / Year

The General Assembly of the State of Tennessee mandates that each public or private postsecondary institution in the state provide information concerning hepatitis B infection to all students matriculating for the first time. The required information below includes the risk factors and dangers of the disease as well as information on the availability and effectiveness of the vaccine for persons who are at-risk for the disease. The information concerning this disease is from the Centers for Disease Control and the American College Health Association.

**The law does not require that students receive vaccination for enrollment. Furthermore, the institution is not required by law to provide vaccination and/or reimbursement for the vaccine.**

**A. Hepatitis B (HBV) Immunization  
[TO BE COMPLETED BY ALL NEW STUDENTS]**

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. The disease is transmitted by blood and/or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine 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. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

CHECK ONE:

\_\_\_\_\_ I hereby certify that I have read this information and **I have received the initial dose of the Hepatitis B vaccine.**

**Date of initial dose of Hepatitis B vaccine:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ I hereby certify that I have read this information and **I have elected not to receive the Hepatitis B vaccine.**

Signature of **Student** or **Parent/Guardian**

(If student is under 18): \_\_\_\_\_

Date \_\_\_\_\_

**For more information about the Hepatitis B disease and its vaccine, please contact your local health care provider or consult the Center for Disease Control and Prevention Web site at: [www.cdc.gov/health/default.htm](http://www.cdc.gov/health/default.htm) .**

**This form must be completed in full by all students as part of the admissions process. Failure to return this form to the admissions office will result in the loss of registration privileges for future semesters.**