Marietta College

Student Health Service
215 Fifth Street, Marietta, OH 45750
001-740-376-4420 (Fax)

Meningococcal and Hepatitis B Vaccination Status Form

Student Name

_____ _____ _____
Last (Family) *First (Given)* *Middle Initial*

Date of Birth: _____ / _____ / _____
Month / Day / Year

☐ 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? *If yes, please list the date:*

☐ Yes ☐ No _____ / _____ / _____
Month / Day / Year

Hepatitis B vaccine received? ☐ Yes ☐ No (*If yes, please list the dates.)*

1st Dose _____ / _____ / _____ *Month / Day / Year*
2nd Dose _____ / _____ / _____ *Month / Day / Year*
3rd Dose _____ / _____ / _____ *Month / Day / Year*

Student Name

_____ _____ _____ June 23, 2005
Last (Family) *First (Given)* *Middle Initial*

Parent Name (If student is under 18.)

_____ _____ _____
Last (Family) *First (Given)* *Middle Initial*

_____ _____ _____
Address 1 *City* *Country*

_____ _____
Address 2 *State/Province*