

3359-47-12 Meningitis and hepatitis b vaccination status statement.

Ohio law (Ohio Revised Code section 3345.85) requires that state of Ohio higher education institutions not permit a student to reside in on-campus housing unless the student (or parent if the student is younger than eighteen years of age) discloses whether the student has been vaccinated against meningococcal meningitis and hepatitis b by submitting a meningitis and hepatitis b vaccination status statement. In accordance with this requirement, it is the policy of the university of Akron that all students desiring to reside in on-campus housing shall complete a form indicating that they have vaccinations against meningococcal meningitis and hepatitis b by submitting a meningitis and hepatitis b vaccination status statement. Students shall be informed of this disclosure requirement at the time such students make application to reside in on-campus housing and they will be provided with a form that provides for such disclosure and vaccination as required by law. Any students that fail to provide such information will not be permitted to reside in on-campus housing.

Effective: June 25, 2007

Certification: \_\_\_\_\_  
Ted A. Mallo  
Secretary  
Board of Trustees

Prom. Under:

Rule Amp.: Ch. 3359

Appendix A, Annotated

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/ 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? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

If yes, please list the dates: 1<sup>st</sup> Dose \_\_\_\_/\_\_\_\_/\_\_\_\_  
2<sup>nd</sup> Dose \_\_\_\_/\_\_\_\_/\_\_\_\_  
3<sup>rd</sup> Dose \_\_\_\_/\_\_\_\_/\_\_\_\_

Today's date:

\_\_\_\_\_

Signature (Student/ Parent)

\_\_\_\_\_/\_\_\_\_\_

Address of Student

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notice: This form must be signed and returned prior to move in.  
You will not receive your keys if the form has not been received.

Please return this completed form to:  
Residence Life and Housing  
The University of Akron  
Akron, OH 44325-1401