

MENINGOCOCCAL MENINGITIS/HEPATITIS B VACCINATION RESPONSE FORM

Wisconsin State Public Health Law requires that all college and university students living in the UW-Parkside residence halls complete and return the following form to Residence Life UW-Parkside, 4135 Outer Loop Road, Kenosha, WI 53144. (All responses are confidential.)

Please complete BOTH sections and sign below.

Meningococcal Disease

Check one box.

I have read or have had explained to me, the information regarding meningococcal disease.

I (my child):

- had the meningococcal meningitis immunization (Menomune™) within the past 10 years. Date Received: _____

- read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) **will not** obtain immunization against meningococcal meningitis disease.

Hepatitis B

Check one box.

I have read or have had explained to me, the information regarding Hepatitis B.

I (my child):

- had the Hepatitis B immunization within the past 10 years. Date Received: _____

- read, or have had explained to me, the information regarding Hepatitis B disease. I understand the risks of not receiving the vaccine. I have decided that I (my child) **will not** obtain immunization against Hepatitis B.

Signed _____ Date _____
(Parent/guardian if student is a minor)

Print Student's Name _____