

# Hepatitis B Immunization Health History Form

All First-time Chattanooga State Students Must Submit Completed Form Prior to Enrollment

Name \_\_\_\_\_  
Last First MI

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number\* \_\_\_\_-\_\_\_\_-\_\_\_\_ Phone ( ) \_\_\_\_\_  
month/day/year

The General Assembly of the State of Tennessee mandates that each public or private post-secondary institution in the state provide information concerning Hepatitis B infection to all students matriculating for the first time. Tennessee law requires that such students complete and sign a waiver form provided by the institution that includes detailed 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 Prevention 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.

## HEPATITIS B (HBV) IMMUNIZATION -- *Must 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 injected 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 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 received. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

\_\_\_ I hereby certify that I have read this information, and I have received the complete three-dose series of the Hepatitis B vaccine.  
Date of completion of the HBV series: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month/day/year

\_\_\_ I hereby certify that I have read this information, and I am in the process of receiving the complete three-dose series of the HBV (Hepatitis B vaccine).

\_\_\_ I hereby certify that I have read this information, and **I have elected not to receive the HBV.**

Student signature (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 visit the Centers for Disease Control & Prevention web site at [www.cdc.gov/health](http://www.cdc.gov/health).

\*In accordance with the Privacy Act of 1974, please be advised that the requested disclosure of your Social Security Number is voluntary and optional. Your Social Security Number will not be disclosed to individuals or agencies outside of the institution except in accordance with the institutional policy on student records.