## OHIO DEPARTMENT OF HEALTH ODH

## **Meningococcal and Hepatitis B Vaccination Status Form**

Name of Student:	Date of Birth://
under 18), have read and understand Meningococcal Meningitis and Hejrisks of being vaccinated against the regarding my/my student's vaccinated	ars of age or older) or parent (if student is ad the information provided to me about patitis B. I understand the benefits and lese diseases. The information below ation status is accurate and is being thio Revised Code, Section 3701.133, (B).
Meningococcal vaccine received –	Date://
Hepatitis B vaccine received – Date	es: 1 <sup>st</sup> Dose//
	2 <sup>nd</sup> Dose//
	3 <sup>rd</sup> Dose//
Hepatitis series must be start	red.
These vaccines are <u>required</u> to live University.	in the residence halls at Ohio Dominican
Date://	
Signature (Student/Parent):	
Address of Student	