



# Hepatitis B Immunization Health History-Under 18

Student Affairs—Admissions/Records/Enrollment Services  
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Student Name (please print): \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Student ID (A Number): \_\_\_\_\_

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

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 is 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 the student has received the complete three-dose series of the Hepatitis B vaccine.
- I hereby certify that I have read this information, and the student is in the process of receiving the complete three-dose series of the Hepatitis B vaccine.
- I hereby certify that I have read this information, and the student has elected not to receive the Hepatitis B vaccine.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information about the Hepatitis B disease and its vaccine, please contact your local healthcare provider or visit the Centers for Disease Control & Prevention web site at [www.cdc.gov/health](http://www.cdc.gov/health).