Jackson State
COMMUNITY COLLEGE
A Tennessee Board of Regents Institution
2046 NORTH PARKWAY JACKSON TN 38301-3797

Hepatitis B Immunization Health History Form

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 postsecondary 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 about the disease. The required information below includes the risk factors and dangers of the disease as well as 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 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.

A. Hepatitis B (HBV)
[TO 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 injecting 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 (3) 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 acquired. 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 Hepatitis B vaccination series: _____/_____/_____

____ I hereby certify that I have read this information and I have elected to receive the Hepatitis B vaccine and/or
I am 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 **I have elected not to receive the Hepatitis B vaccine**.

Signature of **Student** or **Parent/Guardian** (If student is under18):_____**Date**:_____

For more information about the Hepatitis B disease and its vaccine, please contact your local health care provider or consult the Center for Disease Control and Prevention Web site at [www.cdc.gov/health/default.htm].

* 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.