



Student Health Center
11000 University Parkway, Bldg. 63
Pensacola, Florida 32514-5750 USA
(850) 474-2172

Meningitis/ Hepatitis Information Form

Name: _____ UWF ID#: _____

Date of Birth: _____

Before registration, the State University System of Florida requires students to provide official documentation of having received the Meningitis and Hepatitis B vaccine or sign a waiver of refusal.

Meningitis is an infection of the membranes that cover the spinal cord and brain, caused by a virus or bacteria usually spread through exchange of respiratory secretions (coughing, kissing, sneezing). Bacterial meningitis is a serious illness and may result in brain damage, hearing loss, or even death. A vaccine is currently available that effectively provides immunity for most types of bacterial meningitis, the more serious form, but there is no vaccine for the viral type.

• • I have received the meningitis vaccine. Date: _____

Signature/stamp of health care provider _____ Date: _____

OR

• • Waiver of immunization: I have received and reviewed the information pertaining to meningitis. I understand the risks involved, but choose to refuse the meningitis vaccine.

Signature of student (parent or guardian if under 18 years old) Date

Hepatitis B is a viral infection of the liver caused primarily by contact with blood and other body fluids from infected persons. Hepatitis B vaccine can provide immunity against hepatitis B infection for persons at significant risk, including people who have received blood products containing the virus through transfusions, drug use, tattoos, or body piercing; people who have sex with multiple partners or with someone who is infected with the virus; and health care workers and people exposed to biomedical waste.

• • I have received the hepatitis B vaccine.

1st dose: Date: ____/____/____

2nd dose: Date: ____/____/____

3rd dose: Date: ____/____/____

Signature/stamp of health care provider _____ Date: _____

OR

• • Waiver of immunization: I have received and reviewed the information pertaining to hepatitis B. I understand the risks involved, but choose to refuse the vaccine.

Signature of student (parent or guardian if under 18 years old) Date