



CLEVELAND INSTITUTE OF MUSIC  
BY ANY MEASURE, EXCEPTIONAL

Office of Student Affairs  
David W. Gilson, Associate Dean  
11021 East Blvd.  
Cleveland, Ohio 44106

**Benefits of Immunization Against MENINGITIS and HEPATITIS B  
Vaccination Status Statement**

According to the Ohio Revised Code (ORC) Section 171.55 states that beginning with the academic year that commences on or after July 1, 2005, an institution of higher education shall not permit a student to reside in on-campus housing unless the student (or parent if the student is younger than 18 years of age) discloses whether the student has been vaccinated against meningococcal disease and hepatitis B by submitting a meningitis and hepatitis B vaccination status statement.

I/We, the student or parent/guardian of students under the age of 18, have received information about the benefits of immunization against Meningitis and Hepatitis B.

Yes

No, please refer to the following websites:

- Meningitis: [www.acha.org/project\\_programs/meningitis/disease\\_info.cfm](http://www.acha.org/project_programs/meningitis/disease_info.cfm)
- Hepatitis B: [www.cdc.gov/ncidod/diseases/hepatitis/b/fact.htm](http://www.cdc.gov/ncidod/diseases/hepatitis/b/fact.htm)

Check all that apply:

I, the student (or my child) have been vaccinated against meningococcal meningitis in \_\_\_\_\_ (year of vaccination).

I, the student (or my child) have NOT been vaccinated against meningococcal meningitis.

I, the student (or my child) have been vaccinated against hepatitis B in \_\_\_\_\_ (year of vaccination).

I, the student, (or my child) have NOT been vaccinated against hepatitis B.

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student (18 years of age or older)

\_\_\_\_\_  
Signature of Parent/Guardian (for students under 18 years of age)

Please return form to Office of Student Affairs