



Vaccination Tracking Form

Benefits of Immunization against MENINGITIS and HEPATITIS B

Vaccination Status Statement

According to the Ohio Revised Code (ORC) Section 1713.55 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
- Hepatitis B: www.cdc.gov/ncidod/diseases/hepatitis/b/fact.htm

Check all that apply:

_____ I, the student have been vaccinated against meningococcal meningitis in _____ (year of vaccination).

_____ I, the student have NOT been vaccinated against meningococcal meningitis.

_____ I, the student have been vaccinated against hepatitis B in _____ (year of vaccination).

_____ I, the student, 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 –

mail to: Cicely Schonberg
Resident Director
11021 East Blvd
Cleveland, OH 44106

send scan to: Cicely.Schonberg@cim.edu

fax form to: 216.791.1530