Print Name Here: _____

THE COLLEGE OF
WOOSTER

In order to be housed in College of Wooster residential facilities, you must complete this form and submit to Residence Life at 330-263-2636 (fax) or 602 East Wayne Avenue, Wooster, OH 44691.

A law came into effect July 2005 for the State of Ohio which requires students living in campus housing be informed and provided information about vaccination for Hepatitis B series and Menactra immunizations. The information on Hepatitis B and Menactra can be found on the Wooster Web site. Go to www.wooster.edu/health

click - Longbrake Student Wellness Center
- Information and brochures
- Healthy body
- Immunizations
- Read Hepatitis B and Menactra.

In order to obtain housing for 09-10 you need to provide dates for 3 Hepatitis B immunizations and 1 Menactra immunization, or sign a waiver that you have been informed and that you choose not to get the immunizations.

- If you have not been immunized, we recommend that you get the immunizations at the Student Wellness Center, Family Practitioner, or the Health Department and then submit the dates to Residence Life and Longbrake Student Wellness Center. The costs for Hepatitis B series is $30 each and the Menactra is $95 at the Student Wellness Center (costs can be charged home). You are very welcome to get these immunizations elsewhere and submit the dates.

Please complete one of the following three options:

1. I have read and been informed about Hepatitis B and Menactra immunization recommendations. I have been immunized against Hepatitis B and Menactra.
Hepatitis B dates #1 _____ #2 _____ #3 _____
Menactra date _____
Signature _____ date _____
Parents if under 18 _____ date _____

2. I have read and been informed about Hepatitis B and Menactra immunization recommendations. I am in the process of completing these immunizations but am waiving this requirement because I have not completed all the requirements for Hepatitis B and /or Menactra. I plan to complete the recommendations.
Hepatitis B dates completed #1 _____ #2 _____ #3 _____
Menactra date _____
Signature _____ date _____
Parents if under 18 _____ date _____

3. I have read and been informed about Hepatitis B and Menactra immunization recommendations. I am not planning on being immunized for Hepatitis B and Menactra.

Signature _____ date_____
Parent if under 18 _____ date _____