

If you are living on campus, you must fill out this form in addition to the Health Service Form.

(If you do not plan to live on campus, please disregard this form.)



UNIVERSITY of WISCONSIN - EAU CLAIRE

### Meningococcal and Hepatitis B Vaccine Statement

Wisconsin State Statute 36.25(46) requires that all students who will be residing in a campus residence hall to receive information regarding the risks associated with hepatitis B and meningococcal diseases and the effectiveness of the vaccines available to prevent these diseases. Please go to [www.uwec.edu/shs](http://www.uwec.edu/shs) to review this information and then complete the following information as required by law. **NOTE: This form is not the same as the immunization form you sent to Student Health Service. This is for your own protection of privacy.**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student ID # (if available) \_\_\_\_\_

Check the boxes that apply and complete the information:

I have received the meningococcal vaccine

Date of vaccination: \_\_\_\_/\_\_\_\_/\_\_\_\_

I have chosen to NOT receive the meningococcal vaccine.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I have started or have received the Hepatitis B series

Date of vaccinations: #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ #3 \_\_\_\_/\_\_\_\_/\_\_\_\_

I have chosen to NOT receive the Hepatitis B vaccine series

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

***If the student above is a minor, the student's parent or legal guardian must sign below.***

By signing below, I indicate that as the parent or other legal representative, I have read and understand the information provided regarding the risks associated with meningococcal and hepatitis B diseases and the effectiveness of the vaccines available for these diseases.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return completed form to:

Housing and Residence Life  
P.O. Box 5025  
Eau Claire, WI 54702-5025