



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 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 Health Services. 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:

University of Wisconsin – Eau Claire
Housing and Residence Life Office
Towers N. 112
P.O. Box 5025
Eau Claire, WI 54701
Phone: 715-836-3674
Fax: 715-836-4857