

institutional policy on student records.

Name:

Return form to: Columbia State Community College

Office of Admissions 1665 Hampshire Pike Columbia, TN 38401

TDD Relay Number: 800-848-0298

Phone: 931-540-2790 Fax: 931-560-4125

## **Hepatitis B Immunization Health History Form**

Last		First	IVII
Date of Birth:	Month/Day/Year	Social Security Number*:	
The General state provide requires that information a well as inform	information concer such student comp bout the disease. T nation on the availa	ate of Tennessee mandates that each puning Hepatitis B infection to all students lete and sign a waiver form provided by the required information below includes t	the risk factors and dangers of the disease as r persons who are at-risk for the disease. The
required by I Hepatitis B (Hiver failure, a symptoms wh use. This disc viral infection A series of th the series if o	law to provide vac HBV) is a serious virule of the death. The nen they develop the lease is completely parts. ree (3) doses of vac	cination and/or reimbursement for the ral infection of the liver that can lead to de disease is transmitted by blood and or e disease. The primary risk factors for Horeventable. Hepatitis B vaccine is available.	chronic liver disease, cirrhosis, liver cancer, body fluids and many people will have no lepatitis B are sexual activity and injecting drug able to all age groups to prevent Hepatitis B.  Missed doses may still be sought to complete a record of safety and is believed to confer
			ive received the complete three dose series of titis B vaccination series://
			eve elected to receive the Hepatitis B vaccine ee(3) dose series of the Hepatitis B vaccine.
	I hereby certify t vaccine.	hat I have read this information and I ha	ive elected not to receive the Hepatitis B
Signature of S	Student or Parent/G	Guardian (If student is under 18):	
			Date:
		Hepatitis B disease and its vaccine, pleas Control and Prevention Web site at (www	se contact your local health care provider or c.cdc.gov/health/default.htm).

Columbia State Community College, a Tennessee Board of Regents Institution, is an equal opportunity, affirmative action institution.

\* In accordance with the Privacy Act of 1974, please be advised that the requested disclosure of your Social Security Number is voluntary and optional. Your Social Security Number will not be disclosed to individuals or agencies outside of the institution except in accordance with the