Hepatitis B (HBV) Immunization

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

_____ I hereby certify that I have read this information and I have had the entire series of the Hepatitis B vaccine.

_____ I hereby certify that I have read this information and I have elected not to receive the Hepatitis B vaccine.

_____ I hereby certify that I have read this information and I have elected to receive the Hepatitis B vaccine and/or I am in the process of receiving the complete three dose series of the Hepatitis B vaccine.

Measles, Mumps, Rubella (MMR) and Varicella Immunizations

Measles causes fever, rash, cough, runny nose, and red, watery eyes. Complications can include ear infection, diarrhea, pneumonia, brain damage, and death.

Mumps causes fever, headache, muscle aches, tiredness, loss of appetite, and swollen salivary glands. Complications can include swelling of the testicles or ovaries, deafness, inflammation of the brain and/or tissue covering the brain and spinal cord (encephalitis/meningitis), and, rarely, death.

Rubella causes fever, sore throat, rash, headache, and red, itchy eyes. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

Varicella (chickenpox) causes blister-like rash, itching, fever, and tiredness. Complications can include severe skin infection, scabs, pneumonia, brain damage, or death.

You can protect against these diseases with safe, effective vaccination.

_____ I hereby certify that I have read this information and I have had the entire series of the MMR and Varicella vaccines.

_____ I hereby certify that I have read this information and I have elected not to receive the MMR and Varicella vaccines.

_____ I hereby certify that I have read this information and I have elected to receive the MMR and Varicella vaccines and/or I am in the process of receiving the complete series of MMR and Varicella vaccines.

Signature of Student ____________________________________________ Date ______________________

(Parent/Guardian must sign if student is under the age of 18)

For more information about these diseases and the vaccine schedules, please contact your local health care provider or consult the Center for Disease Control and Prevention Web site at www.cdc.gov/health/default.htm.

Please return to the Admissions and Records Office, Southwest Tennessee Community College, P.O. Box 780, Memphis, TN 38101-0780, or fax to (901) 333-4473, or e-mail to admissions@southwest.tn.edu.

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