

Student Name _____ ID # _____

Immunization Information

ERAU strongly encourages all students to be immunized. We will provide opportunities to obtain required immunizations during orientation and when available throughout the year. Please contact Health Services for questions regarding pricing and availability.

Note: All students are required to provide written, physician-certified evidence of two MMR (measles/mumps/rubella) immunizations administered after the first birthday. Certified laboratory evidence of immunity may be submitted in lieu of immunization data.

Florida state law requires students who reside in university-managed housing to provide written, physician-certified documentation for the Hepatitis B series (three doses) and Meningococcal Meningitis (single dose) or sign a waiver to decline those immunizations.

Hepatitis B

Learn more at www.HelpPreventHepatitis.com

This is a vaccine-preventable, viral disease that can lead to serious complications such as liver damage, cancer of the liver, and even death. The American College Health Association encourages all students to consider the benefits of vaccination for Hepatitis B especially those who have increased risk from exposure to blood or other body fluids of an infected person (through sex, blood transfusion, tattoos/body piercing, drug use, exposure to biomedical waste).

Meningococcal Meningitis

Learn more at www.voicesofmeningitis.org

This is a serious and communicable bacterial infection of the brain and covering of the spinal cord. The disease has a 10-15% fatality rate despite treatment. Survivors can be subject to disabling amputations, seizures, deafness, and strokes. Meningococcal meningitis can be prevented through vaccination.

Immunization Waiver

Please check the appropriate boxes...I have read the detailed information provided regarding the risks of contracting Hepatitis B disease and Meningococcal Meningitis and the potential benefits of being vaccinated to reduce these risks.

____ I decline to receive Hepatitis B vaccines.

____ I decline to be vaccinated for Meningococcal Meningitis

Student Signature

Date

AND by parent or legal guardian if under 18 and single