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Return this form to:
Vanderbilt University
Student Health Center
Zerfoss Bldg., Sta 17, SS3407D
Nashville, TN 37232
Fax: 615-343-0047

VANDERBILT UNIVERSITY
HEPATITIS B VACCINE REQUIREMENT
In accordance with Tennessee State Law

STUDENT NAME: _____ SOC. SEC. NO._____
(*Student ID #*)

To be completed by a health care provider: (Attached documentation of vaccination from a physician or health clinic is also acceptable.)
The above-named individual has received the hepatitis B vaccine series as required by Vanderbilt University and the State of Tennessee for new incoming students.

Dates of hepatitis B vaccine administration: _____ _____ _____*
(#1) (#2) (#3)
Health care provider name: _____Date: _____
Health care provider signature:_____Phone_____

*The vaccine is effective for at least 10 years and life-long immunity is possible.

VACCINE WAIVER

To be completed by an individual (or parent/guardian for individual less than 18 years of age) requesting an exemption from the hepatitis B vaccine requirement:

For individuals 18 years of age and older:
I am 18 years of age or older. I have received and read the information in the hepatitis B Fact Sheet provided by Vanderbilt University explaining the risks of hepatitis B, and the effectiveness and availability of the hepatitis B vaccine at Vanderbilt Student Health Center. I acknowledge that hepatitis B can cause severe hepatitis that can be life-threatening. I understand that under Vanderbilt policy, new students enrolling in Vanderbilt University are required to receive the vaccine. With this waiver, I seek exemption from this requirement. I voluntarily agree to release, discharge, indemnify and hold harmless Vanderbilt University, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my decision not to be immunized against hepatitis B.

Name of student: _____ Date: _____

Signature of student: _____

For individuals under the age of 18:

I am the parent or guardian of _____ who will be or is
(*Name of individual enrolled at Vanderbilt University*)
attending Vanderbilt University. I have received and read the information in the hepatitis B Fact Sheet from the University about hepatitis B disease and the effectiveness and availability of the vaccine at the Vanderbilt Student Health Center. I acknowledge that the disease can be severe and cause chronic hepatitis. I understand that Vanderbilt (in accordance with Tennessee Law) requires that an individual enrolled at Vanderbilt shall receive vaccination against hepatitis B unless a waiver is signed. I chose to waive receipt of hepatitis B vaccine for the above-named individual. I voluntarily agree to release, discharge, indemnify and hold harmless Vanderbilt University, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my decision not to have the above-named individual immunized against hepatitis B.

Name of parent/guardian: _____ Date: _____

Signature of parent/guardian: _____