



UNIVERSITY  
*of*  
VIRGINIA

Department of Student Health  
& Wellness

**Hepatitis B Vaccine Waiver**

Student Name: \_\_\_\_\_

University ID: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Review vaccine information before signing: [http://www.immunize.org/vis/hepatitis\\_b.pdf](http://www.immunize.org/vis/hepatitis_b.pdf)

I have read and reviewed information on the risk associated with hepatitis B disease, availability and effectiveness of any vaccine against hepatitis B disease and I choose not to be vaccinated against hepatitis B disease.

\_\_\_\_\_  
Signature of Student or Parent/Legal Guardian

\_\_\_\_\_  
Date