

FORM MUST BE POSTMARKED BY  
AUGUST 31, 2011 FOR FALL ENTRANCE  
OR JANUARY 31, 2012 FOR SPRING  
ENTRANCE TO AVOID A \$100  
PROCESSING FEE.

## Waiver of Immunization Against Hepatitis B

The Code of Virginia (Chapter 340 23-7.5) requires that “All full time students, prior to enrollment in any public four-year institution of higher education, shall be vaccinated against Hepatitis B.” Institutions of higher education must provide the student or the student’s parent or other legal representative detailed information on the risks associated with the Hepatitis B, and on the availability and effectiveness of any vaccine. The Code permits “the student or if the student is a minor, the student’s parent or the legal representative to sign a written waiver stating that he/she has received and reviewed the information on Hepatitis B and detailed information on the risks associated with Hepatitis B and on the availability and effectiveness of any vaccine, and has chosen not to be or not to have the student vaccinated.”

I have read the Hepatitis B Frequently Asked Questions at <http://www.cdc.gov/ncidod/diseases/hepatitis/b/faqb.htm>, and reviewed the risks associated with the disease, including the effectiveness and availability of any vaccine against Hepatitis B.

I choose not to be vaccinated against Hepatitis B.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Student University ID Number

\_\_\_\_\_  
Student Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Waiver of Immunization Against Meningococcal Disease

The Code of Virginia (Chapter 340 23-7.5) requires that “All full time students, prior to enrollment in any public four-year institution of higher education, shall be vaccinated against Meningococcal Disease.” Institutions of higher education must provide the student or the student’s parent or other legal representative detailed information on the risks associated with the Meningococcal Disease, and on the availability and effectiveness of any vaccine. The Code permits “the student or if the student is a minor, the student’s parent or the legal representative to sign a written waiver stating that he/she has received and reviewed the information on Meningococcal Disease and detailed information on the risks associated with Meningococcal Disease and on the availability and effectiveness of any vaccine, and has chosen not to be or not to have the student vaccinated.”

I have read the Meningococcal Disease Frequently Asked Questions at [http://www.acha.org/projects\\_programs/meningitis/SNB\\_FAQ.rtf](http://www.acha.org/projects_programs/meningitis/SNB_FAQ.rtf), and reviewed the risks associated with the disease, including the effectiveness and availability of any vaccine against Meningococcal Disease.

I choose not to be vaccinated against Meningococcal Disease.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Student University ID Number

\_\_\_\_\_  
Student Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date