

Student name _____

ID number _____ Date of birth _____

HEPATITIS B VACCINE: Students are required to receive vaccination OR read CDC's Vaccine Information Statement and sign below to decline. Read the VIS here: cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.html. Signing the waiver indicates you understand the possible risk in not receiving this vaccine. If you are under the age of 18 and wish to decline this vaccine, a parent must sign for you.

 I have read the information about Hepatitis B and decline receipt of this vaccine.

Signature _____ Date _____

MENINGITIS VACCINE: Students are required to receive vaccination OR read CDC's Vaccine Information Statement and sign below to decline. Read the VIS here: cdc.gov/vaccines/hcp/vis/vis-statements/mening.html. Signing the waiver indicates you understand the possible risk in not receiving this vaccine. If you are under 18 and wish to decline this vaccine, a parent must sign for you.

 I have read the information about MCV4 (Menactra/Menveo)/Meningococcal Meningitis and decline receipt of this vaccine.

Signature _____ Date _____