

**ON-CAMPUS RESIDENT:
HEPATITIS B AND MENINGITIS VACCINE WAIVER**

Student name _____

ID # _____ Date of birth _____

HEPATITIS B VACCINE: Student has received Hepatitis B vaccine OR read CDC's Vaccine Information Statement (VIS) for Hepatitis B vaccine. Student has read the CDC's Vaccine Information Statement (VIS) for Hepatitis B vaccine. Student has read the CDC's Vaccine Information Statement (VIS) for Hepatitis B vaccine. Student has read the CDC's Vaccine Information Statement (VIS) for Hepatitis B vaccine.

I have read the Vaccine Information Statement (VIS) for Hepatitis B vaccine.

Signature _____ Date _____

MENINGITIS VACCINE: Student has received Meningitis vaccine OR read CDC's Vaccine Information Statement (VIS) for Meningitis vaccine. Student has read the CDC's Vaccine Information Statement (VIS) for Meningitis vaccine. Student has read the CDC's Vaccine Information Statement (VIS) for Meningitis vaccine. Student has read the CDC's Vaccine Information Statement (VIS) for Meningitis vaccine.

I have read the Vaccine Information Statement (VIS) for Meningitis vaccine (MCV4 (Menactra/Menveo)/Meningococcal Meningitis vaccine).

Signature _____ Date _____