OLD DOMINION UNIVERSITY

WAIVER OF IMMUNIZATION AGAINST MENINGOCOCCAL DISEASE

The Code of Virginia Chapter 340, Section 23-7.5 C. 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 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 other legal representative, to sign a written waiver stating that he 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.”

Name: _________________________________________________________________

Birth date:   _____/_____/_____     Term/Year of first enrollment: _______________

Social Security Number or Student ID: _____________________________________

_______________________________________________________________________

1) I have received and reviewed detailed information on the risks associated with meningococcal disease.

2) I have received and reviewed information on the availability and effectiveness of any vaccine (against meningococcal disease).

By signing below, I indicate that the above is true and choose not to be vaccinated against meningococcal disease.

Signature:   __________________________________     Date: __________________

If the above student is a minor, the parent or legal guardian must sign below.

By signing below, I as the parent or other legal representative, choose not to have the student named above vaccinated against meningococcal disease.

Signature:   __________________________________     Date: __________________

_____________________________________________________________________________

Please return this form to:

Old Dominion University
Student Health Services
1007 S. Webb Center
Norfolk, VA 23529
Phone: (757) 683-3132
Fax: (757) 683-5930
www.odu.edu/studenthealth

over
The Code of Virginia Chapter 340, Section 23-7.5 C. 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 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 other legal representative, to sign a written waiver stating that he 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.”

Name: _________________________________________________________________

Birth date:   _____/_____/_____   Term/Year of first enrollment: _______________

Social Security Number or Student ID: _____________________________________

_______________________________________________________________________

1) I have received and reviewed detailed information on the risks associated with Hepatitis B; and

2) I have received and reviewed information on the availability and effectiveness of any vaccine (against Hepatitis B).

By signing below, I indicate that the above is true and choose not to be vaccinated against Hepatitis B.

Signature:   ___________________________     Date: __________________

If the above student is a minor, the parent or legal guardian must sign below.

By signing below, I as the parent or other legal representative, choose not to have the student named above vaccinated against Hepatitis B.

Signature:   ___________________________     Date: __________________

_____________________________________________________________________________

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