VANDERBILT UNIVERSITY SCHOOL OF NURSING
Hepatitis B Immunization and Waiver Form

Name: _____ _____ _____
Last *First* *MI*

Date of Birth: _____ Phone: _____
Month/Day/Year

The General Assembly of the State of Tennessee mandates that each post-secondary institution in the state provide information concerning hepatitis B infection to all students entering the institution for the first time. The required information below includes the risk factors and dangers of the disease as well as information on the availability and effectiveness of the respective vaccine for persons who are at-risk for the diseases. The information concerning this disease is from the Centers for Disease Control and Prevention.

Hepatitis B (HBV) Immunization
[TO BE COMPLETED BY ALL STUDENTS - MANDATORY]
Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and/or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injection drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be administered to complete the series if only one or two have been previously received. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

If you have just begun the series, a titer result will be required as soon as it is possible.
–The Hepatitis B requirement cannot be approved unless you provide documentation of a positive titer result or one of the following statements is initialed and this form signed and dated.

Please initial if you do not seroconvert to Hepatitis B:
_____ I hereby certify that I have read this information and **I understand that by not having positive immunity to Hepatitis B I am at risk for contracting the disease**.

Please initial if you do not wish to receive the Hepatitis B immunizations:
_____ I certify that I have read this information and **I have elected NOT to receive the Hepatitis B vaccine.**

X_____ _____
*Signature of **Student*** *Date*

For more information about the Hepatitis B disease and vaccine, please contact your local health care provider or consult the Centers for Disease Control and Prevention web site at www.cdc.gov.