



## VACCINE INFORMATION/WAIVER FORM

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

UTC ID: \_\_\_\_\_

*Please note: All signatures on this waiver need to be written signatures and not typed.*

### **Hepatitis B**

In accordance with the Advisory Committee on Immunization Practices, University Health Services strongly recommends immunization against Hepatitis B. I have reviewed the information found at <https://www.cdc.gov/hepatitis/hbv/patienteduhbv.htm>, which, in accordance with Tenn. Comp. R. & Regs. § 1540-01-09-.02, includes information regarding the risk factors and dangers of the disease as well as information on the availability and effectiveness of the respective vaccines for persons who are at-risk for the disease. I understand the risks of this disease and:

PLEASE MARK ONE BELOW:

- I have received the vaccinations and have provided proof of the same; OR
- I have chosen not to receive the vaccinations.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

If the student is under age 18, a parent/guardian must also sign the waiver.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

### **Meningococcal Disease**

I understand that under Tennessee law, new incoming students who are less than twenty-two (22) years of age and who will be residing in on-campus housing, must provide documentation of adequate immunization against meningococcal disease [i.e., a dose of conjugate vaccine at greater than or equal to sixteen (16) years of age]. I understand that I may be exempted from this requirement if I am not a resident of on-campus housing or as otherwise permitted under Tenn. Comp. R. & Regs. § 1540-01-09-.04. I have reviewed the information found at <https://www.cdc.gov/meningitis/bacterial.html>, which includes information regarding the risk factors and dangers of the disease as well as information on the availability and effectiveness of the respective vaccines for persons who are at-risk for the disease. I understand the risks of this disease and:

PLEASE MARK ONE BELOW:

- I am not a resident of on-campus housing; OR
- I am otherwise exempted from this vaccination in accordance with Tenn. Comp. R. & Regs. § 1540-01-09-.04.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

If the student is under age 18, a parent/guardian must also sign the waiver.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_ Date: \_\_\_\_\_