

STUDENT NAME: _____ **SD#** _____

HEPATITIS B
WAIVER

In compliance with Virginia state law, Marymount University requires that all incoming students be vaccinated against Hepatitis B disease **OR** sign a waiver indicating they have received information about the diseases, the availability and effectiveness of the vaccines and choose not to be vaccinated.

Hepatitis B is a serious liver disease caused by the Hepatitis B virus (HBV). HBV infection can affect people of all ages and lead to liver disease. The virus is found in the blood and body fluids of infected persons and it is most often spread among adults through sexual contact or by sharing needles and other drug paraphernalia with an infected person. HBV can also be spread in households by an HBV infected person or by passage of the virus from an HBV-infected mother to her infant during birth. Hepatitis B can be a silent disease, often infecting many people without making them feel sick. Unfortunately, 30 percent of those infected with HBV are not aware that they are carriers and can infect others. Hepatitis B symptoms may include loss of appetite, fatigue, stomachache, nausea and vomiting, yellowing of the whites of the eyes (jaundice), and/or joint pain. Vaccination can help prevent people from contracting Hepatitis B. The HBV vaccine is 96 percent effective following a series of three shots over a six month period. The most common side effect of the vaccine is soreness at the injection site. Vaccine recipients cannot get the disease from the vaccine.

I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at any time. I have received and reviewed the information regarding Hepatitis B and the availability and effectiveness of the Hepatitis B vaccine. I have chosen not to be vaccinated (or I am unable to provide current vaccination records) against Hepatitis B.

I hereby release Marymount University and its employees from all responsibility for any consequences of my decision.

Student Signature

Student ID #

Date

If student is a minor, signature of parent/guardian

Date