



OFFICE OF ADMISSIONS

Waiver for Hepatitis B and Meningitis Vaccinations

Vaccinations against Hepatitis B and Meningococcal Meningitis are recommended but not required by Flagler College. Florida law requires all students who reside in campus housing to provide documentation of vaccinations received, or to provide the College with a signed waiver declining the vaccines. If you have already received the vaccinations, please complete the section on the Immunizations Documentation form. If you decline the vaccines, then you must sign this waiver. If you are under 18 years old, you and your parent or guardian must sign this waiver. Please return this form to the College.

Mail this form to: DIRECTOR OF ADMISSIONS, FLAGLER COLLEGE, P.O. BOX 1027, ST. AUGUSTINE, FL 32085.

THIS FORM MUST BE SUBMITTED WITH THE ENROLLMENT FORM.

Name _____
LAST NAME FIRST NAME MIDDLE NAME

Social Security Number: -- Age _____

Parent or guardian, if student is under 18 years old: Name _____

I have had the opportunity to read information on the risks of Hepatitis B and Meningococcal Meningitis and acknowledge the detrimental health affects of these diseases. Also, I have read about and understand the availability and effectiveness of the vaccinations against these diseases.

I do not wish to receive the vaccinations and I voluntarily agree to release, discharge, indemnify and hold harmless the State of Florida, Flagler College and its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of any loss or personal injury that might result from my non-compliance with the law.

MENINGOCOCCAL MENINGITIS

I have read and signed this document with full knowledge of its significance. I have decided not to be vaccinated with the Meningococcal Meningitis vaccination.

Signature of student _____ Date _____

Signature of parent or guardian _____ Date _____

HEPATITIS B

I have read and signed this document with full knowledge of its significance. I have decided not to be vaccinated with the Hepatitis B vaccination.

Signature of student _____ Date _____

Signature of parent or guardian _____ Date _____