HEPATITIS B WAIVER

In the event of an outbreak in Crawford County of any of the diseases, which you have elected not to be vaccinated against, you will have to leave campus until the Public Health Department determines it is safe for you to return to Allegheny College. This could take several weeks and we cannot guarantee that the faculty will allow you to make up your work.

If student is over the age of 18:

I, __________________________, have received and reviewed information regarding Hepatitis B and the effectiveness of its vaccine from Allegheny College. I choose not to be vaccinated against this disease.

_____________________________  ______________________________
Signature                                      Date

If student is under the age of 18:

I, __________________________, have received and reviewed information regarding Hepatitis B and the effectiveness of its vaccine from Allegheny College. I choose not to have __________________________, my minor child/ward vaccinated against this disease.

_____________________________  ______________________________
Signature of Parent or Guardian                      Date