

**NORTHLAND COLLEGE  
VACCINE WAIVER**

Northland College allows for the waiver of the Hepatitis B and Meningococcal Disease vaccines for reasons of medical, personal, or religious conviction.

The waiver must be completed each year that the student lives on-campus.

To be completed by an individual (or parent/guardian for individual less than 18 years of age) waiving Meningococcal and Hepatitis B vaccination:

**FOR INDIVIDUALS 18 YEARS OF AGE AND OLDER:**

I am 18 years of age or older. I have received and read the information in the Meningococcal/Hepatitis B Disease Fact Sheet provided by Northland College explaining the risks of Meningococcal and Hepatitis B diseases, and the effectiveness and availability of the Meningococcal and Hepatitis B vaccines. I acknowledge that Meningococcal and Hepatitis B diseases are rare, but potentially life-threatening illnesses. With this waiver, I declare my choice to decline vaccination for Hepatitis B and/or Meningococcal disease. I voluntarily agree to release, discharge, indemnify and hold harmless Northland College, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my decision not to be immunized against meningitis and/or Hepatitis B. I realize that in the event of an outbreak, I may be quarantined or asked to temporarily leave campus, at the discretion of the Ashland County Public Health Department.

Name of student: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of student: \_\_\_\_\_

**FOR INDIVIDUALS UNDER THE AGE OF 18:**

I am the parent or guardian \_\_\_\_\_ of who will be a student at Northland College. I have received and read the information in the Meningococcal/Hepatitis B Diseases Fact Sheet from the college about Meningococcal and Hepatitis B diseases and the effectiveness and availability of the vaccines. I acknowledge that the diseases are rare but potentially life threatening. I understand that Northland College (in accordance with Wisconsin Law) requires that an individual living on-campus at Northland shall affirm proof of vaccination against Meningococcal and Hepatitis B diseases unless a waiver is signed. I choose to waive receipt of Meningococcal and Hepatitis B vaccines for the above-named person. I voluntarily agree to release, discharge, indemnify and hold harmless Northland College, its officers, employees and agents from any and all costs, liabilities, expenses, claims, demands, or causes of action on account of any loss or personal injury that might result from my decision not to have the above-named individual immunized against meningitis and/or Hepatitis B. I realize that in the event of an outbreak, this student may be quarantined or asked to temporarily leave campus, at the discretion of the Ashland County Public Health Department.

Name of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_