

**ALL STUDENTS APPLYING FOR ADMISSION MUST COMPLETE THIS PAGE,  
PROVIDING DOCUMENTATION OF VACCINATIONS FOR HEPATITIS B  
OR  
BY SIGNING THE BELOW WAIVER**

**REQUIRED:**                      Hepatitis B Vaccine Information Form

Name: \_\_\_\_\_

FGCU Student ID # \_\_\_\_\_ Date of birth: \_\_\_\_\_

Hepatitis B is a serious infectious disease caused by a virus that attacks the liver. Hepatitis B is contagious and spreads when the blood or other body fluids of a person with the virus are absorbed into an individual's blood stream through broken skin or mucous membranes. Risk factors for acquiring hepatitis B include blood transfusions, intravenous drug use, tattoos, body piercings, unprotected sex, and being exposed to biomedical waste. The hepatitis B virus (HBV) can cause life-long infection that leads to cirrhosis (scarring) of the liver, liver cancer or liver failure.

College students may be at higher risk for hepatitis B. Living in close quarters, like a college dormitory, may increase the risk of exposure to carriers. College students may be exposed to the virus during sexual contact, getting body piercings or tattoos, sharing toothbrushes, earrings, needles or razors, during contact sports or traveling abroad.

Vaccination against hepatitis B is available. Vaccination requires a series of three shots over a six-month period.

\_\_\_ *I have received the hepatitis B vaccine as follows:*

- 1<sup>st</sup> dose:            Date \_\_\_\_\_
- 2<sup>nd</sup> dose:            Date \_\_\_\_\_ (one month after the first dose)
- 3<sup>rd</sup> dose:            Date \_\_\_\_\_ (six months after the first dose)
  
- Office stamp to include name of physician and/or medical facility where vaccine provided:  
  (Place stamp here)
  
- \_\_\_\_\_ Date: \_\_\_\_\_  
  Signature of health care provider      Phone Number

-----  
**WAIVER/EXEMPTION**

\_\_\_ *I have read the above information pertaining to hepatitis B. Despite the fact that I understand the risks involved, I refuse to receive the hepatitis B vaccine.*

- \_\_\_\_\_ Date: \_\_\_\_\_  
  Signature of student (or parent/legal guardian if under 18 years of age)
- \_\_\_\_\_ Date: \_\_\_\_\_  
  Signature of witness