

Immunization PARENT Waiver (Under 18)

Please upload this completed document to your Student Health Portal. This can take up to 72 Business hours for processing. Check your Gulflink account hold screen to verify your immunization status.

Name: Last	First	Phone ()
University ID Number 8 1 _ _ _ _ _	Date of Birth / /	Age

***If you are over the age of 18, you must opt-out electronically through your Student Health Portal.**

PARENT WAIVER OPT-OUT	<p>If your student has NOT completed the Hepatitis B series or received the Meningococcal ACWY vaccine, please <u>check</u> the corresponding boxes below.</p> <p><input type="checkbox"/> As the parent/guardian, I have read the information regarding Hepatitis B. I am aware of the potentially fatal nature of the disease and choose for my student not to be vaccinated.</p> <p><input type="checkbox"/> As the parent/guardian, I have read the information regarding Meningococcal ACWY. I am aware of the potentially fatal nature of the disease and choose for my student not to be vaccinated.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Parent/Guardian Date</p>
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