

**Grand View University
Division of Nursing**

Waiver of Hepatitis Immunization

After reviewing this information on Hepatitis B vaccine requirements, I wish NOT to receive the vaccine at this time.

Student Name _____ Date _____

Student Signature _____ Date _____

Please return completed form to: Student Health Office
Grand View University
Wellness Center
1500 Morton Ave
Des Moines, IA 50316