



HEPATITIS B IMMUNIZATION
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LIABILITY RELEASE

I, _____, understand the benefits and risks of the Hepatitis B Vaccine and request that it be given to me. I have had a chance to ask questions which were answered to my satisfaction and release **Belmont University Health Services** and **Belmont University** from all liability thereof.

I understand that I must have three doses of the vaccine, **GIVEN ON SCHEDULE** (now, one month, and six months from now), to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse effect from the vaccine.

Date Vaccinated	Lot #	Administered by:

Injection Site: _____

Females: Last menstrual period: _____

Are you sick with anything more than a cold? _____

Have you ever had a severe allergic reaction to a vaccine or yeast? _____

 Signature of Person Receiving Vaccine

 Date

