



**HPV**  
 ♦  
**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