



**MMR (Measles, Mumps and Rubella)**  
 ✦  
**LIABILITY RELEASE**

I, \_\_\_\_\_, understand the benefits and risks of the Measles, Mumps, and Rubella 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.

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? \_\_\_\_\_

Do you have a history of cancer, immune disorder, low platelet count, or recent blood transfusion? \_\_\_\_\_

\_\_\_\_\_  
 Signature of Person Receiving Vaccine

\_\_\_\_\_  
 Date