

BAPTIST HEALTH COLLEGE LITTLE ROCK

WAIVER OF SCHOOL RESPONSIBILITY Hepatitis B Vaccine

I have been informed of the potential benefits, side effects, and adverse reactions of the Hepatitis B vaccine.

I choose not to receive the Hepatitis B vaccine and I release all individuals associated with Baptist Health College Little Rock from any liability.

Applicant / Student Signature

Date

Print Applicant / Student Name

I have counseled _____ regarding the potential benefits, side effects, and adverse reactions of the Hepatitis B vaccine.
Applicant / Student Name

Physician or APRN Signature

Date

Print Physician's or APRN Name

Physician's or APRN Office Address

Physician's or APRN Office Telephone Number