

# 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.

### NOTARY

\_\_\_\_\_  
Applicant / Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Applicant / Student Name

State of \_\_\_\_\_, County of \_\_\_\_\_,

Signed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

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

### NOTARY

\_\_\_\_\_  
Physician or APRN Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Physician's or APRN Name

\_\_\_\_\_  
Physician's or APRN Office Address

\_\_\_\_\_  
Physician's or APRN Office Telephone Number

State of \_\_\_\_\_, County of \_\_\_\_\_,

Signed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature