



TETANUS, DIPHTHERIA AND PERTUSSIS (TDAP) IMMUNIZATION
◆
LIABILITY RELEASE

I, _____, understand the benefits and risks of the tetanus and diphtheria 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: _____

Are you sick with anything more than a cold? _____

Have you ever had a severe allergic reaction to a vaccine, latex or ever had Guillian Barre' Syndrome? _____

Signature of Person Receiving Vaccine

Date