HEALTH PROFESSIONAL'S DECLARATION OF WARRANTY

Dear_____(“Patient”)

I,_____(“Health Professional”), hereby represent, manifest and warrant the injection of the vaccination which I have administered does not contain any amount of mercury and/or Thimerisol.

Name of Product_____

Name of Manufacturer_____

Date of Expiration_____

Product Identification_____

Date of Vaccination_____

_____ _____

Signature of Health Professional **Date**

_____ _____

Signature of Patient or Guardian **Date**