Client Consent for Flu Shot

Flu Shots by Nurse Janet, Inc.

YOUR INSURANCE CARD, or a copy, IS REQUIRED,
along with a
COMPLETED FORM, TO RECEIVE A FLU SHOT

By Signing Below, I Acknowledge:

I have read or had explained to me information about risks and benefits of the vaccination and:

- **I have no history of Guillain-Barre syndrome.**
- **I have no prior history of any neurological symptoms following a flu shot.**
- **I am not allergic to eggs.**

And I, the undersigned, on behalf of myself, my heirs, personal representatives and assigns, do hereby fully and forever waive and release the sponsor and the provider corporation, their officers, directors, employees, and agents from any and every claim, loss, liability, demand, action and damage whatsoever resulting from or arising out of my participation in this clinic.

Insurance: **REGENCE / UNIFORM** ☐ **KAISER of WA** ☐

PREMERA / BLUE CROSS ☐ **MEDICARE** ☐

NO MEDICARE ADVANTAGE

Patient Information (Please Print name as it appears on insurance card):

Member ID #:		**Group** #:	
First Name:	Last Name:		MI.:
Date of Birth (M / D / Y): / /		Male ☐	Female ☐
Subscriber Mailing Address:			
City:	State:	Zip Code:	
Phone #:			
Signature:		**Relationship**:	

For Office Use Only:

Administered by: Janet Parker Date Given:

Mfr.: Lot #: Exp. Date:

Business Name: Location: