BYU STUDENT HEALTH CENTER

For Individuals 18 years and older

INFORMED CONSENT, ASSUMPTION OF RISK, & LIMITED RELEASE AGREEMENT TO RECEIVE INACTIVED INFLUENZA VACCINE

I, the undersigned, understand the information I received on the inactivated influenza vaccine and have had any questions answered satisfactorily. I hereby fully release Brigham Young University and all of its officers, employees and agents, without limitation or qualification, as to any and all liabilities, claims, demands and actions which may be made by me or my estate on account of any losses, expenses or damages of any kind concerning property, personal injuries (physical or emotional) or account of any losses, or death which may result directly or indirectly, from my receiving the inactive influenza vaccine, from Brigham Young University, unless any such damage or injury is the direct and sole result of a negligent act or omission by Brigham Young University or any of its officers, employees or lawful agents and is not caused in part by my own negligence, the result of a defective inactivated influenza vaccine or as the result of my own idiosyncratic reaction, however severe, to the vaccine.

Name:_____ Date of Birth: _____ **BYU ID #:** _____

Local Address: _____ City:_____ State:_____ ZIP:_____

Phone:_____ Email Address: _____

Initial: _____ I acknowledge that proof of any vaccinations received may be shared with BYU Wellness

Select One:

☐ Student Health Plan --- Policy ID #: _____

☐ DMBA or OTHER INSURANCE CARRIER (Aetna, Cigna, BCBS, Select Health, UHC, etc.)

Insurance Carrier: _____ **Policy/Member ID #:** _____

Holder's Name: _____ **Policy Holder's Birthdate:** _____

List dependents under 18 receiving a flu shot with you:

Name	*Circle one*	*Birthdate* mm/dd/yy	*Name*	*Circle one*	*Birthdate* mm/dd/yy
_____	M F	_____	_____	M F	_____
_____	M F	_____	_____	M F	_____
_____	M F	_____	_____	M F	_____
_____	M F	_____	_____	M F	_____

Signature:_____ **Date:** _____

Office Use Only ☐ Cash ($30/person) ☐ Post to Account BYU ID:_____ ☐ Volunteer

Administrative Use Only ~~Influenza Vaccine

☐ Sanofi Pasteur Fluzone trivalent Lot #6UAB0U1 Expires: 06/30/2027

Signature:_____ Date:_____

Please PRINT. Bring copy with you (not a digital form) ☐