

BYU STUDENT HEALTH CENTER

For Individuals 18 years and older



INFORMED CONSENT, ASSUMPTION OF RISK, & LIMITED RELEASE AGREEMENT TO RECEIVE INACTIVATED 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: _____

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: _____

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

Signature: _____ Date: _____

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	_____

Administrative Use Only - Influenza Vaccination

☐ Sanofi Pasteur ☒ Flucelvax Quadrivalent Lot # 370667 Expires: 05/30/2024

Signature: _____ Date: _____