



2014 INFLUENZA VACCINATION CONSENT FORM

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•	l ag	ree to	releas	e and ho	 agency only as required by the regulatory or licensing body of that agency. I agree to release and hold harmless SVNA and the venue at which the vaccine is being provided, its employees, officers, directors or 																				
•		 affiliates from any and all liability that might arise from or is in any way connected with this vaccine. I have been offered a copy of the HIPAA Privacy Notice for SVNA. 																s em	ploye	205,	office	ers, d	irect	ors or	
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