



## 2014 INFLUENZA VACCINATION CONSENT FORM

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