



CONSENT AND ASSIGNMENT OF BENEFITS FORM TO RECEIVE INJECTABLE INFLUENZA VACCINE

Consent: I have been given a copy of the current Vaccine Information Statement published by the Centers for Disease Control and Prevention (CDC) and I have read the information about influenza and the vaccine. I have had an opportunity to ask questions, which were answered to my satisfaction. I understand the benefits and risks of flu vaccination as described and request that flu vaccine be administered to me or to the consumer named above for whom I am the legal guardian or for whom I hold a power of attorney to make healthcare decisions.

I acknowledge that the NuFactor dba VaxAmerica Notice of Privacy Practices has been made available to me.

NuFACTOR, Inc. dba VaxAmerica will use and disclose personal health information to treat me (or the consumer), to receive payment for the flu vaccine we administer, and for other health care operations. Health care operations generally include those activities we perform to improve the quality of care.

I, for myself, (or for the consumer named above for whom I am the legal guardian or for whom I hold a power of attorney to make healthcare decisions) and for my or the consumer's heirs, executors, personal representatives and assigns, agree that we will not hold NuFACTOR, Inc. dba VaxAmerica liable for any harm that may be caused by my (or the consumer) receiving flu vaccine, and waive any claim for damages that I, (or the consumer) (or anyone on either of my or the consumer's behalf) may have against NuFACTOR, Inc. dba VaxAmerica, its directors, officers, employees, or agents on account of any loss, injury, death or damage I or the consumer may suffer as a result of the administration of flu vaccine.

I hereby authorize the public and/or private insurance company or fund responsible for payment of my care (or the care of the consumer named above for whom I am the legal guardian or for whom I hold a power of attorney to make healthcare decisions, if applicable) to pay benefits on my behalf or the consumer's behalf directly to NuFACTOR, Inc. for any product and services furnished to me or the consumer by NuFACTOR, Inc. dba VaxAmerica. I also authorize NuFACTOR, Inc. dba VaxAmerica to request, on my behalf or the consumer's behalf, all public or private insurance benefits for the products or services provided to me or the consumer by NuFACTOR, Inc. dba VaxAmerica. In the event payments for insurance benefits are made directly to me or the consumer, I will endorse to NuFACTOR, Inc. all checks for such payments.