

# Copy of Consent Request Form



Complete this form if you would like to request a copy of your flu shot and/or screening consent form. Return completed forms to your account manager or fax to 402-964-0545.

**Please complete all fields below.**

Participant Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Event Date: \_\_\_\_\_

Consent Requested:  Flu Shot Consent Form  
 Screening Consent Form

**Select one of the distribution methods below and provide the associated address or number.**

Email

Email Address: \_\_\_\_\_

Fax

Fax Number: \_\_\_\_\_

Mail

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

By completing and signing this form, I give TotalWellness permission to release to me a copy of my screening and/or flu shot consent form from the event listed below according to the method identified above. I understand that if I select fax or email, the information will be sent via an unencrypted email or unencrypted fax line. I understand that it may take up to 48 hours to receive a copy of my consent form. Consent forms are available 10 business days after an event date or later. If I request a copy of my consent form prior to 10 business days after the event it may take more than 48 hours to process my request.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to your TotalWellness account manager or fax to TotalWellness at 402-964-0545.