

# BIC CANADA

G L O B A L 

## Vaccination Update/Release Form

I, \_\_\_\_\_, have received the recommended Vaccination list from BIC Canada Global and have received the vaccinations I am comfortable with.

I release BIC Canada, BIC Canada Global and all Staff, Officers and Directors from any and all liability due to my personal medical decisions in regards to vaccinations received.

I also am submitting with this form a copy of my vaccination record.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date