



12 George St, Tintenbar NSW 2478
Phone: 02 66878299 Fax: 02 66878766

WAIVER OF LIABILITY FOR STORAGE OF PRIVATE VACCINES

PAITENT DETAILS:

Mr/Mrs/Ms SURNAME:.....

FIRST NAME:..... MIDDLE NAME:

ADDRESS:

DOB:PHONE: (H)..... (W) MOBILE:

I acknowledge that Tintenbar Medical stores and monitors vaccines in accordance to the National Vaccine Storage Guidelines – Strive for 5.

In the rare and unforeseeable instance of a power outage or mechanical breakdown, Tintenbar Medical does not accept any responsibility for private vaccines stored in their fridge.

Patient Signature:_____ Date:_____