

# BBHB

Blessed By His Blood



## mRNA Injection Status Declaration

FOR PATIENT USE ONLY

By submitting this form, I am agreeing that I have not received any mRNA injection technology.

By submitting this form, I am agreeing that my provider listed below may confirm my mRNA injection technology status with Blessed By His Blood representatives.

\_\_\_\_\_  
Patient's Signature

### PATIENT'S PERSONAL INFORMATION:

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

D.O.B \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

FOR PROFESSIONAL USE ONLY

To the best of my knowledge my patient,

\_\_\_\_\_,  
has not received any mRNA injection technology

as of \_\_\_\_ , \_\_\_\_ , \_\_\_\_ .  
Month Day Year

\_\_\_\_\_  
Provider's Signature

### PROVIDER'S CONTACT INFORMATION:

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

Name of person completing this form, if not  
the actual provider. \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Specialty or Scope of Practice:  
\_\_\_\_\_

### HOW TO RETURN THIS FORM TO BBHB:

During the application process you will be prompted to upload documentation of your injection status.  
Start your application here: <https://www.blessedbyhisblood.com/apply/>