

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/>