



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: Francis Andrew Monahan DOB: 30 June 66 Phone: 2707999104

Mailing Address: 923 W. Tuskegee St City: Wichita ST: AL Zip: 36092

Insurance Company: Blue Cross Subscriber name: Francis Andrew Monahan DOB: 30 June 66

Insurance Contract Number: XAD897862130 Group number: 50986

Screening Questions:

	Yes	No	Don't Know
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1) Are you sick today? (cold, fever, acute illness)

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2) Do you have allergies to any foods, medications or latex?

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(For example: eggs, gentamycin gelatin, food, neomycin, thimerosal, or vaccinations)
List _____

3) Have you had any serious reactions from a vaccine?

☐	☒	☐
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4) Have you been diagnosed with Guillain-Barre syndrome?

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Consent for Services: I have been provided with the Vaccine Information Sheet corresponding to the vaccine that I am receiving. I have read or have had explained the information provided about the vaccine I am to receive. I have had the chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of vaccination and I voluntarily assume full responsibility for any reactions that may result. I request that the vaccine be given to me or the person named above for whom I am authorized to make this request,

Signature [Signature] Date 16 Nov 2020

Administration Date 11/16/2020 Route: IM ☒ LD ☐ or RD ☐ Volume: 0.5cc

Administrator Gymica Howard VIS Date 08/15/2019

Manufacturer: GSK Fluarix® Quadrivalent Lot # 9A235 Expires 06/30/2021

Temp: 97.9