

BCBS

AUM Student Health Center

Vaccine Consent and Administration Record

Patient Information: Last Name

First Name

Date of Birth

Tanaya Tarushi

06 / 19 / 1997

Address: 1165 Bell Road

Phone: (713) 4098805

Primary Care Provider Dr. Bailey, Irene

Screening Questions:

Yes No Don't Know

1) Are you sick today? (cold, fever, acute illness)

☐ ☒ ☐

2) Do you have allergies to any foods, medications or latex?
(For example: eggs, gelatin, neomycin, thimerosal.)
List _____

☐ ☒ ☐

3) Do you take anticoagulation medicine? (Ex: warfarin, Coumadin or other blood thinners).

☐ ☒ ☐

4) Do you have any long-term health problems with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g. diabetes), anemia, or other blood disorders?

☐ ☒ ☐

5) Have you had a seizure, brain or other nervous system problem? (Ex: Guillain-Barre syndrome?)

☐ ☒ ☐

6) For women: Are you pregnant or nursing? Could you become pregnant in during the next month?

☐ ☒ ☐

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 Tarushi Tanaya

Date 08/10/28/2019

Administration Date 10/28/2019 Route: IM ☒ or RD Volume: 0.5cc

Administrator [Signature] VIS Date 08/15/2019

Manufacturer: GSK Fluorix® Quadrivalent Lot # 3L32N Expires 06/30/2020

LOT:
EXP:

NDC 019-886-41

Influenza
Vaccine
FLUARIX QUADRIVALENT
2019/2020 Formula

0.5 mL

497180