



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: Paul D. Harrington DOB: 8/17/1986 Phone: 325.677.8917

Mailing Address: 5411 Paddock Club Dr. Apt. C City: Monticello ST: AL Zip: 36116
MENY

Insurance Company: BCBS Subscriber name: Paul D. Harrington DOB: 8/17/1986
702

Insurance Contract Number: _____ Group number: _____

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?

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

List PENICILLIN & SEPTINA

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

Date 11/17/2020

Administration Date

11/17/2020

Route: IM LD or RD



Volume: 0.5cc

Administrator

VIS Date 08/15/2019

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

Temp:

97.2