



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: PAUL D. MONTGOMERY DOB: 08/17/86 Phone: 325-677-8917

Mailing Address: 632 SANDHURST DR. City: MONTGOMERY ST: AL Zip: 36109

Insurance Company: BCBS Subscriber name: PAUL D. MONTGOMERY DOB: 08/17/86

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?

☒ ☐ ☐

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

List PENICILLIN, SEPTID

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

☐ ☒ ☐

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

☐ ☒ ☐

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

Paul D. Montgomery

Date 12/16/21

Administration Date

12/16/21

Route: IM

LD or RD Volume: 0.5cc

Administrator:

Doretha Marzette

VIS Date 08/15/2019

Manufacturer: GSK Fluarix® Quadrivalent Lot # 7R9NM Expires 06/30/2022

Temp:

97.8