



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: Joyce Kelley DOB: 8/18/76 Phone: cell: (319) 325-2639

Mailing Address: 9154 Carters Grove Way City: Montgomery ST: AL Zip: 36116

Insurance Company: BCBS Subscriber name: Joyce Kelley DOB: 8/18/76

Insurance Contract Number: QA4891580608 Group number: 37655

Screening Questions: Yes No Don't Know

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

Joyce Kelley

Date Sept. 17, 2021

Administration Date

9-17-2021

Route: IM

D

LD or RD Volume: 0.5cc

Administrator

Deedra Marzette

VIS Date 08/15/2019

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

Temp: _____