



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: Matthew Killmeier DOB: 7/2/68 Phone: 334-544-1968

Mailing Address: 115 Lookout Ridge Road City: Montgomery ST: AL Zip: 36109

Insurance Company: BCBS Subscriber name: Matthew Killmeier DOB: 7/2/68

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 <u>Codeine</u> | ☒ | ☐ | ☐ |
| 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 Matthew Killmeier Date 9/21/20

Administration Date 09/21/2020 Route: IM (LD) or RD Volume: 0.5cc

Administrator Jessica Howard VIS Date 08/15/2019

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

Temp: 97.2