



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: Brenda M. Mitchell DOB: 08-02-1963 Phone: 334-372-1206

Mailing Address: 176 Grimes Ln City: Shorth ST: Al. Zip: 36075

Insurance Company: BCBS Subscriber name: Brenda M. Mitchell DOB: 08-02-1963

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>Penicillin + sulfa drugs</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: Brenda M. Mitchell Date: 10-07-2020

Administration Date: _____ 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: _____

LOT: N549A
EXP: 06/30/21
NDC 58160-885-41
Influenza
Vaccine
FLUARIX QUADRIVALENT
2020/2021 Formula

Mfd. by
GlaxoSmithKline
Biologicals

0.5 mL

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