



**WARHAWK
HEALTH SERVICES**

Katherine Vaccine Consent and Administration Record

Name: "Katie" Slade DOB: 2/14/1982 Phone: (706) 585-6119

Mailing Address: 9633 Lochfield Dr. City: Pike Road ST: AL Zip: 36064

Insurance Company: BCBS of IL Subscriber name: Stefan G. Slade DOB: 5/4/1984

Insurance Contract Number: SF2834642967 Group number: 031179

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>reflex (rash one time)</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 Katherine L Slade Date 11/13/2020

Administration Date _____ Route: IM LD or RD Volume: 0.5cc

Administrator Ryan VIS Date 08/15/2019

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

Temp: 97.6

LOT: 9A235
EXP: 06/30/21

NDC 58160-885-41

Influenza
Vaccine
FLUARIX QUADRIVALENT
2020/2021 Formula

Mfd by
GlaxoSmithKline
Biologicals

0.5 mL

501732