



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: Fela Dele Funnile DOB: Phone: 706 646 2389

Mailing Address: 513 Goshu Rd City: Lawrence ST: GA Zip: 30286

Insurance Company: BCBS of GA Subscriber name: A. Funnile DOB: 2/8/60

Insurance Contract Number: XKC309A54585 Group number: 1PH26H4006

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 _____	☐	☒	☐
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: Fela Funnile Date: 11/16/20

Administration Date: 11/16/2020 Route: IM ☒ LD or RD Volume: 0.5cc

Administrator: Jyrica Howard VIS Date 08/15/2019

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

Temp: 98.2