



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: Near Kelly DOB: 5/15/72 Phone: 757-681-7828

Mailing Address: 185 Boyd Rd. City: Rudolph ST: AL Zip: 36071

Insurance Company: BCBS Subscriber name: Robert Near Kelly DOB: 5/15/72

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 _____

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 Near Kelly Date 11/18/20

Administration Date 11/18/2020 Route: IM ☒ LD or RD Volume: 0.5cc

Administrator Jaymca Harvard VIS Date 08/15/2019

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

Temp: 97.2