



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: Jacob Heywood DOB: 11/15/1994 Phone: 714-882-9758

Mailing Address: 180 Houston St. City: Prattville ST: AL Zip: 36066

Insurance Company: Self Subscriber name: _____ DOB: _____

Insurance Contract Number: _____ Group number: _____

Screening Questions: Yes No Don't Know

1) Are you sick today? (cold, fever, acute illness)

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2) Do you have allergies to any foods, medications or latex?

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(For example: eggs, gentamycin gelatin, food, neomycin, thimerosal, or vaccinations)

List Peanuts

3) Have you had any serious reactions from a vaccine?

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4) Have you been diagnosed with Guillain-Barre syndrome?

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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

[Signature]

Date

10/5/21

Administration Date 10/5/2021

Route: IM ☒ or RD Volume: 0.5cc

LOT: 7R9NM
EXP: 06/30/22

Administrator m. Jicknu, RN VIS Date 08/15/2019

Manufacturer: GSK Fluarix® Quadrivalent Lot # 7R9NM Expires 06/30/2022

Temp: 97.7

NDC 58160-887-41

Influenza
Vaccine
FLUARIX QUADRIVALENT
2021/2022 Formula

Mfd. by
GlaxoSmithKline
Biologicals

0.5 mL

