



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: ~~Leigh~~ Haleigh Morris DOB: 11/4/2010 Phone: 334-549-1274

Mailing Address: 6217 Mt. Zion Road City: Ramer ST: AL Zip: 36069

Insurance Company: BCBS Subscriber name: Kendra P Morris DOB: 8/2/78

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?

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

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 Kendra Morris

Date 11/21/22

Administration Date 11/21/2022 Route: IM LD or RD Volume: 0.5ml

Administrator Micarda Bicknell VIS Date 08/15/2019

Manufacturer: GSK Fluarix® Quadrivalent Lot # M3R5B Expires 06/30/2023

Temp: 98.1

LQT: M3R5B
EXP: 06/30/23

NDC 58160-890-41

Influenza
Vaccine
FLUARIX QUADRIVALENT
2022/2023 Formula

Mfg. by
GlaxoSmithKline
Biologicals

0.5 mL

51063B