



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: Daedra Marzette DOB: 9/12/1992 Phone: 334-510-0593

Mailing Address: 785 Williamson Rd City: Montgomery ST: AL Zip: 36109

Insurance Company: BCBS Subscriber name: _____ DOB: _____

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 <u>Macbid, Latex, Augmentin</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 Daedra Marzette Date 10-1-2024

Administration Date 10/01/2024 Route: IM LD or RD IM Volume: 0.5ml

Administrator M. Bicknell, RN VIS Date 08/06/2021

Manufacturer: GSK Fluarix® Quadrivalent Lot # 72RF2 Expires 06/30/2025

Temp: 97.9

LOT: 72RF2
EXP: 06/30/25

NDC 58160-884-41
Rx Only
Influenza
Vaccine
FLUARIX
2024/2025 Formula
For IM Use

Mfg. by
GlaxoSmithKline
Biologicals

0.5 mL

518490