AUM

WARHAWK HEALTH SERVICES

# Vaccine Consent and Administration Record

Name: Mary Sue Thomson DOB: 8-18-55 Phone: 334-782-3100

Mailing Address: 1145 Meriwether Road City: Pike Road ST: AL Zip: 36064

Insurance Company: BCBS Subscriber name: Mary S Thomson DOB: 8-18-55

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 Corn | | | |
| 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 Mary Sue Thomson Date 10-19-22

Administration Date 10/19/22 Route: IM LD or RD Volume: 0.5ml

Administrator M. Bicknell, RN VIS Date 08/15/2019

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

**Temp:** 98.2

