



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: Qiang zhai DOB: 2/11/58 Phone: 279-5663

Mailing Address: 7542 Forest edge City: Montgomery ST: AL Zip: 36117

Insurance Company: BCBS Subscriber name: Hidden DOB: 9/28/62

Insurance Contract Number: PPA8126906 Group number: 44447

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: Qiang zhai Date: 9/14/2023

Administration Date: 9/14/23 Route: IM LD or RD Volume: 0.5ml

Administrator: [Signature] VIS Date 08/06/2021

Manufacturer: GSK Fluarix® Quadrivalent Lot # G2ML4 Expires 06/30/2024

Temp: 97.5

LOT: G2ML4
EXP: 06/30/24

NDC 58160-909-41
Rx Only
Influenza
Vaccine
FLUARIX QUADRIVALENT
2023/2024 Formula

Mfd by
GlaxoSmithKline
Biologicals

0.5 mL
514456