



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: Frank Justice DOB: 9/12/53 Phone: 334-238-7144

Mailing Address: 7559 Forest Edge Ln City: Mont ST: AL Zip: 36017

Insurance Company: BC/BS Subscriber name: Aletha Justice DOB: 3/8/58

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?

☐☒☐

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

Frank Justice

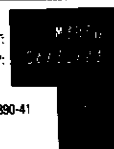
Date

Administration Date

11/4/22

Route: IM LD or RD Volume: 0.5ml

LOT:
EXP:



Administrator

J. Martin, CRP

VIS Date 08/15/2019

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

Temp: 97.5

NDC 58160-890-41

Influenza
Vaccine
FLUARIX QUADRIVALENT
2022/2023 Formula

0.5 mL

Mfd by
GlaxoSmithKline
Biologicals

510638