



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: Julie C Freeman DOB: 4/27/57 Phone: 334-312-2095

Mailing Address: 8361 Timber Creek Dr City: Pike Road ST: AL Zip: 36064

Insurance Company: BCBS Subscriber name: Julie Freeman DOB: 04/27/57

Insurance Contract Number: _____ Group number: _____

Screening Questions: Yes No Don't Know

1) Are you sick today? (cold, fever, acute illness)

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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 Demerol

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 Julie C Freeman

Date 9/14/21

Administration Date 9/14/2021 Route: IM LD or RD Volume: 0.5cc

Administrator W. B. Smith VIS Date 08/15/2019

Manufacturer: GSK Fluarix® Quadrivalent Lot # 7R9NM Expires 06/30/2022

Temp: 97.2

LOT: 7R9NM
EXP: 06/30/22

NDC 58160-987-41

Influenza
Vaccine
FLUARIX QUADRIVALENT
2021/2022 Formula

0.5 mL

Mfg. by
GSK
Bioscience

506483