



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: Terrel Lynn Huston DOB: 11/4/1961 Phone: 334.324.4169
Huston

Mailing Address: 2106 St. Charles Ave City: Montg ST: AL Zip: 36107-1642

Insurance Company: BCBS Subscriber name: Terrel Lynn Huston DOB: 11/4/1961

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 Ace inhibitors, Daptomycin

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 Terrel Lynn Huston, RD Date 30 Sep 2022

Administration Date 9/30/2022 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: 97.0

LOT: **M3R5B**
EXP: **06/30/23**

NDC 58160-890-41

Influenza
Vaccine
FLUARIX QUADRIVALENT
2022/2023 Formula

Mfd by
GlaxoSmithKline
Biologicals

0.5 mL

510638