

46

AUM Student Health Center Vaccine Consent and Administration Record

Patient Information: Last Name

First Name

Date of Birth

Cochran Bagents Courtney 04/24/1987
 Address: 529 Mitylene Drive Montgomery, AL 36117
 Phone: 334-224-4707 Primary Care Provider Jenna Sellers, CRNP

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, gelatin, neomycin, thimerosal.)

List SUFCA

3) Do you take anticoagulation medicine? (Ex: warfarin, Coumadin or other blood thinners.)



4) Do you have any long-term health problems with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g. diabetes), anemia, or other blood disorders? hypothyroidism



5) Have you had a seizure, brain or other nervous system problem? (Ex: Guillain-Barre syndrome?)



6) For women: Are you pregnant or nursing? Could you become pregnant in during the next month?



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

Courtney Bagents Cochran

Date

01-24-18

Administration Date

1/24/18

Route: IM

(LD or RD)

Volume: 0.5cc

Administrator

Jenna Sellers

VIS Date 8/7/2015

Manufacturer: GSK Fluarix® Quadrivalent Lot # TL54R Expires 06/12/2018

LOT:
EXP:TL54R
06/12/18

NDC 50180-507-41

Influenza
Vaccine
FLUARIX® QUADRIVALENT
2017/2018 Formula

Mfd. by
GlaxoSmithKline
Biologicals

0.5 mL



489126