



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: Mason Madderra DOB: 4-21-12 Phone: 334-451-0645

Mailing Address: 702 Coleman Way City: Prattville ST: AL Zip: 36067

Insurance Company: BCBS Subscriber name: Brandi L. Madderra DOB: 10-18-83

Insurance Contract Number: LG3901432382 Group number: 30000

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 _____

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: Brandi L. Madderra

Date: 9-20-2020

Administration Date: 9/20/20 Route: IM LD or RD Volume: 0.5cc

Administrator: J. Benton, CRNP VIS Date 08/15/2019

Manufacturer: GSK Fluarix® Quadrivalent Lot # 9A235 Expires 06/30/2021

Temp: _____