



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: Yun Chen DOB: 12/30/61 Phone: 508 579 5803

Mailing Address: 1238 Woodward Ave City: MGM ST: AL Zip: 36106

Insurance Company: Self Subscriber name: _____ DOB: _____

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 _____

3) Have you had any serious reactions from a vaccine?

☐☒☐

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 [Signature] Date 12/9/22

Administration Date 12/9/22 Route: IM LD or RD Volume: 0.5ml

Administrator M. S. K. W. N. E. N VIS Date 08/15/2019

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

Temp: 98.2

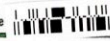
LOT: **M3R5B**
EXP: **06/30/23**

NDC 58160-890-41

Influenza
Vaccine
FLUARIX QUADRIVALENT
2022/2023 Formula

0.5 mL

Mfd. by
GlaxoSmithKline
Biologics



510638