



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: Melissa Reck DOB: 2/4/73 Phone: 244-3413

Mailing Address: PO Box 244023 City: Montgomery ST: AL Zip: 36124

Insurance Company: BC/BS Subscriber name: Melissa Reck DOB: 2/4/73

Insurance Contract Number: 0A1800067578 Group number: 37055

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: Melissa Reck Date: 9/22/23

Administration Date: 9/22/23 Route: IM ☒ LD or RD Volume: 0.5ml

Administrator: [Signature] VIS Date: 08/06/2021

Manufacturer: GSK Fluarix® Quadrivalent Lot # G2ML4 Expires 06/30/2024

Temp: 98.4



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