



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: Emersyn Fuin DOB: 12-5-17 Phone: 334 3002591

Mailing Address: 9095 Helena Dr. City: Pike Road ST: AL Zip: 36064

Insurance Company: BCBS Subscriber name: Marenda Fuin DOB: 1-20-89

Insurance Contract Number: _____ Group number: _____

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 M. Fuin (mom) Date 9-24-21

Administration Date 9/24/2021 Route: IM LD or RD Volume: 0.5cc

Administrator m. Bicknell, RN VIS Date 08/15/2019

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

Temp: 98.0