



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: Melinda Fein DOB: 11-20-89 Phone: 343002591

Mailing Address: 9045 Helena Dr. City: Pike Road ST: Az Zip: 36064

Insurance Company: BC/BS Subscriber name: M. Fein DOB: 01-20-89

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 8/15/23

Administration Date 8/15/2023 Route: IM LD or RD Volume: 0.5ml

Administrator M. Bicknell, RN VIS Date 08/06/2021

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

Temp: 98.1

LOT: G2ML4
EXP: 06/30/24

NDC 58160-909-41
Rx Only
Influenza
Vaccine
FLUARIX QUADRIVALENT
2023/2024 Formula

0.5 mL
Mfd. by
GlaxoSmithKline
Bionovics

514456