



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: Maranda Fain DOB: 01-20-89 Phone: 3343002591

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

Insurance Company: BCBS (thru AUM) Subscriber name: Maranda Fain DOB: 1-20-89

Insurance Contract Number: QA1871630513 Group number: 37655

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 Augmentin

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. Fain

Date Sept 19-22

Administration Date 9/19/2022 Route: IM LD or RD Volume: 0.5ml

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

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

Temp: 98.1

LOT: M3R5B
EXP: 06/30/23

NDC 58160-890-41

Influenza
Vaccine
FLUARIX QUADRIVALENT
2022/2023 Formula

0.5 mL

Mfd. by
GlaxoSmithKline
Biologicals

510638