



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: Maranda Fain DOB: 01-20-89 Phone: 334 300 2591

Mailing Address: 9095 Helena DR. City: Pike Road ST: AZ Zip: 36064

Insurance Company: BCBS of AZ Subscriber name: Maranda Fain 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 <u>Augmentin - Rash Cheek, chest, legs</u> | ☒ | ☐ | ☐ |
| 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

M. Fain

Date

10/3/24

Administration Date

10/3/2024

Route: IM

LD or RD

Volume: 0.5ml

Administrator

M. Bicknell, RN

VIS Date 08/06/2021

Manufacturer: GSK Fluarix® Quadrivalent Lot # 72RF2 Expires 06/30/2025

Temp:

98.2

LOT: 72RF2
EXP: 06/30/25

NDC 58160-884-41
Rx Only
Influenza
Vaccine
FLUARIX
2024/2025 Formula
For IM Use

Mfd. by
GlaxoSmithKline
Biologicals

0.5 mL

518490