AUM

WARHAWK HEALTH SERVICES

Vaccine Consent and Administration Record

Name: Vanessa Koelling DOB: 05/24/1978 Phone: 334-294-3144

Mailing Address: 2320 Fernway Dr. City: Montgomery ST: AL Zip: 36111

Insurance Company: BCBS Subscriber name: Vanessa Koelling DOB: 05/24/1978

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 erythromycin & sulfa drugs			
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 Vanessa Koelling Date 9/27/2024

Administration Date 9/27/2024 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: 98.4