



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: Lacey Sloan DOB: 3/1/57 Phone: 917.982.6781

Mailing Address: 3265 Hillcrest Ln City: Montgomery ST: AL Zip: 36109

Insurance Company: BCBS Subscriber name: Lacey Sloan DOB: 3/1/57

Insurance Contract Number: QA4811897058 Group number: 37655

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?

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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 _____

Date 10/28/22

Administration Date 10/28/22 Route IM LD or RD LD Volume: 0.5ml

Administrator J. Benton, CRNP VIS Date 08/15/2019

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

Temp: 97.2

LOT: M3R5B
EXP: 06/30/23

NDC 58160-890-41

Influenza
Vaccine
FLUARIX QUADRIVALENT
2022/2023 Formula

0.5 mL

Manufacturer
GlaxoSmithKline
Biologics



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