



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: Rebecca Brewer DOB: 01/11/72 Phone: 850-545-6876

Mailing Address: 7103 White Oak City: Montgomery ST: AL Zip: 36117

Insurance Company: BC/BS Subscriber name: Robert Underwood 03/02/61

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?

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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

Rebecca Brewer

Date

Nov 4 2022

Administration Date

11/4/22

Route: IM

LD

or RD

Volume: 0.5ml

Administrator

J. P. Smith, CNA

VIS Date 08/15/2019

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

Temp:

97.2

LOT:
EXP:

NDC 50160-890-41

Influenza
Vaccine
FLUARIX QUADRIVALENT
2022/2023 Formula

0.5 mL

Made by
GlaxoSmithKline
Biologics

510638