



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: Robert Adams DOB: 2/24/71 Phone: 334-467-3118

Mailing Address: 2332 Suganood Dr City: Wfgy ST: AL Zip: 36117

Insurance Company: BCBS Subscriber name: _____ DOB: _____

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 _____

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 _____

Date 11/15/23

Administration Date 11/15/23

Route: IM LD or RD Volume: 0.5ml

Administrator M. Bicknell, RN

VIS Date 08/06/2021

Manufacturer: GSK Fluarix® Quadrivalent Lot # G2ML4 Expires 06/30/2024

Temp: 97.3

LOT: G2ML4
EXP: 06/30/24

NDC 58160-909-41
Rx Only
Influenza
Vaccine
FLUARIX QUADRIVALENT
2023/2024 Formula

Mfd by
GlaxoSmithKline
Biologicals



0.5 mL

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