



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: ShaDerrick Montgomery DOB: 03/04/1994 Phone: 334-313-6812

Mailing Address: 147 Meadowview Dr City: Elmore ST: AL Zip: 36025

Insurance Company: Self 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 ShaDerrick Montgomery Date 10/14/25

Administration Date 10/14/25 Route: IM ☒ or RD Volume: 0.5ml

Administrator Darsha Mangette VIS Date 01/31/2025

Manufacturer: GSK Fluarix® Quadrivalent Lot #2CA5M Expires 06/30/2026

Temp: 98.0



INFLUENZA (FLU) IMMUNIZATION

LAST NAME: Montgomery

FIRST NAME: ShaDerrick

TSCC ID #: 102250737

SEASONAL INFLUENZA (FLU SHOT) VACCINATION - TO BE COMPLETED BY PHYSICIAN, NURSE PRACTITIONER, OR NURSE

FLU SEASON TYPICALLY BEGINS MID-SEPTEMBER
VACCINATIONS ARE NOT AVAILABLE BEFORE THIS TIME

DATE ADMINISTERED: 10/14/2025 MANUFACTURER: GskFluarix Quadrivalent LOT #: 2CA5M EXPIRATION DATE: 6/30/26

SITE OF INJECTION: ☒ LEFT DELTOID ☐ RIGHT DELTOID (please identify location of injection with a ✓)

PROVIDER - PLEASE PRINT THE FOLLOWING INFORMATION:

NAME OF PERSON ADMINISTERING: Daedra Marzette CREDENTIALS OF PERSON ADMINISTERING: MA

SIGNATURE OF PERSON ADMINISTERING: Daedra Marzette

NAME OF OFFICE OR FACILITY: Warhawk Health Services PHONE #: 334-244-3281

STREET ADDRESS: 7461 East Dr. Ste 102 CITY: Montgomery STATE: AL ZIP CODE: 36117

LOT: 2CA5M
EXP: 06/30/26

NDC 58160-912-41
Rx Only
Influenza
Vaccine
FLUARIX
2025/2026 Formula
For IM Use

Mfd. by
GlaxoSmithKline
Biologicals

0.5 mL

523646

Provider:

Please place office stamp

here (if possible) for

validation purposes.

AUBURN UNIVERSITY MONTGOMERY

STUDENT HEALTH CENTER

IRMA B. MOORE HALL RM. 102

P.O. BOX 244023

MONTGOMERY, AL 36124-4023