



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: Dawnese Bowen DOB: 12-12-71 Phone: 334-399-1013

Mailing Address: 3031 Fieldcrest Dr City: Montgomery ST: AL Zip: 36106

Insurance Company: BCBS Subscriber name: Dawnese Bowen DOB: 12-12-71

Insurance Contract Number: QAU851071037 Group number: 37655

Screening Questions: Yes No Don't Know

1) Are you sick today? (cold, fever, acute illness)

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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 Dawnese Bowen Date 11-11-22

Administration Date 11/11/2022 Route: IM LD or ID Volume: 0.5ml

Administrator m. Bicknell VIS Date 08/15/2019

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

Temp: 97.9

LOT: M3R5B
EXP: 06/30/23

NDC 58160-990-41

Influenza
Vaccine
FLUARIX QUADRIVALENT
2022/2023 Formula

Mfd. by
GlaxoSmithKline
Biologicals

0.5 mL

510638