



**WARHAWK
HEALTH SERVICES**

Vaccine Consent and Administration Record

Name: Yener Ulus DOB: 05/05/86 Phone: 832 964 4853

Mailing Address: 131 Lakeshore Dr City: Pike road ST: Zip: 36064

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 Yener Ulus Date Jan/4, 26

Administration Date 1/14/2026 Route: IM LD or RD Volume: 0.5ml

Administrator Doretha M. Proffitt VIS Date 01/31/2025

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

Temp: 98.0

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

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