



Name: Tathagata Dutta DOB: 4th Oct '94 Phone: 8576008832

Mailing Address: PO Box 244024
AUM Box 869 City: Montgomery ST: AL Zip: 36124

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?	☐	☒	☐

Signature Tathagata Dutta Date 11/8/24

Administration Date 11/08/2024 Route: IM LD or RD Volume: 0.5ml

Administrator m. Bicknell, RN VIS Date 08/06/2021

Manufacturer: GSK Fluarix® Quadrivalent Lot # 72RF2 Expires 06/30/2025

Temp: 97.2

LOT: 72RF2
EXP: 06/30/25

NDC 58160-884-41
Rx Only
Influenza
Vaccine
FLUARIX
2024/2025 Formula
For IM Use

Mfd. by
GlaxoSmithKline
Biologicals

518490