

Buster



COVID- 19 Vaccine Consent

Name: Terasu H. Koda Birthday: 02/07/08
(First Name, Middle Initial, Last Name)

Phone #: (334)-657-1525 Email: Usyke1997@gmail.com

Address: 7239 Greenfield Rd. Montgomery AL. 36117
(Street) (City/ State) (Zip)

Please Check One:

Gender: Male: _____ Female: X Ethnicity: Hispanic: _____ Non-Hispanic: X Unspecified: _____

Race: White: _____ African American: _____ Asian: X American Indian: _____ Native Hawaiian: _____ Other: _____

allergy

Please answer each question listed below:		Yes	No
1.) Do you have a severe allergy (hypersensitivity) to any component of the vaccine?			<u>X</u>
2.) Have you ever had a life-threatening allergic reaction to any vaccine?			<u>X</u>
3.) Do you have a bleeding disorder or are on a blood thinner?			<u>X</u>
4.) Are you pregnant or planning to become pregnant? (Will need written approval from OB/GYN prior to receiving vaccine)			<u>X</u>
5.) Do you currently have an acute illness and/or high fever?			<u>X</u>
6.) Are you immunocompromised or on a medication that affects your immune system?			<u>X</u>
7.) Have you received another COVID-19 vaccine? If Yes, Vaccine Name: <u>pfizer</u> Date Received: <u>1/15/22</u>	<u>X</u>		
8.) Have you tested positive for COVID-19 PCR or antibodies in the last ninety (90) days?			<u>X</u>

I have read and understand the **COVID-19 VACCINE FACT SHEET FOR RECIPIENTS AND CAREGIVERS (Revised 5/2022)**. I have had the opportunity to discuss the risk/benefits of the COVID-19 vaccine and had the chance to ask questions which were answered to my satisfaction. I hereby consent to receive the COVID-19 vaccine.

Harmony Koda [Signature] 12/16/22
(Print Name) (Sign Name) (Date)

Staff Use Only

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
<u>pfizer bivalent</u>	<u>GH9702</u>	<u>6/2023</u>	<u>0.3mL</u> <u>Im.</u>	<u>L deltoid</u>	<u>12/16/22</u> <u>10:20</u>	<u>M. Bicknell</u>

***If you present to the Emergency Department for any treatment, please inform the staff you have received the COVID-19

vaccine. ***