

From: Tatiana Delapedra tatypdelapedra@gmail.com
Subject: Form
Date: Apr 6, 2021 at 3:06:29 PM
To: Tatiana Delapedra tatypdelapedra@gmail.com

tpaganin@aum.edu



2020-2021 COVID-19 Vaccine Consent

Instructions: Complete and present prior to vaccine administration. (Please Print Legibly).

Name of Person Receiving Vaccine: Tatiana Paganini Delapedra
(First Name, Middle Initial, Last Name)
Date of Birth: Aug 25, 1985 Social Security Number: _____
Phone #: (334) 300 3870 Email: tpaganin@aum.edu
Patient Address: 2928 US Highway 31N Marbury, AL 36051
(Street) (City/ State) (Zip)

Please Check One:

Gender: Male: _____ Female: X
Ethnicity: Hispanic: X Non-Hispanic: ✓ Unspecified: _____
Race: White: X African American: _____ Asian: _____
American Indian: _____ Native Hawaiian: _____ Other: _____

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

I have read and understand the 2020-2021 COVID-19 VACCINE FACT SHEET FOR RECIPIENTS AND CAREGIVERS (dated 12/2020). I have had the opportunity to discuss the risk/benefits of the COVID-19 vaccine. I have had the chance to ask questions which were answered to my satisfaction. I hereby consent to receive the COVID-19 vaccine.

TP Delapedra Montgomery, AL April 8, 2021