

Booster



2020-2021 COVID-19 Vaccine Consent

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

Name of Person Receiving Vaccine: Tahiana P. Delapiedra
(First Name, Middle Initial, Last Name)

Date of Birth: 8/25/1985 Social Security Number: _____
Phone #: 334 300 3870 Email: taty.p.delapiedra@gmail.com
Patient Address: 2928 US Highway 31N Marbury AL 36057
(Street) (City/ State) (Zip)

Please Check One:

Gender: Male: _____ Female: ☒
Ethnicity: Hispanic: ☒ Non-Hispanic: _____ Unspecified: _____
Race: White: ☒ 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: <u>Pfizer</u> Date Received: <u>4/29/2021 (2nd dose)</u>		
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.

Tahiana Delapiedra Tahiana Delapiedra 12/01/2021
(Print Name) (Sign Name) (Date)

Staff Use Only

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
<u>Pfizer</u>	<u>FE31M</u>	<u>1-2022</u>	<u>0.3ml IM</u>	<u>L</u>	<u>12-21 10:48</u>	<u>D. Marzette</u>

Next Appointment Date/Time: _____

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

COVID-19 vaccine. ***