# WARHAWK HEALTH SERVICES

## 2020-2021 COVID- 19 Vaccine Consent

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

Name of Person Receiving Vaccine: Amelia B Dmeza
(First Name, Middle Initial, Last Name)

Date of Birth: 09-25-1964 Social Security Number: —

Phone #: 404.2775762 Email: dmezafam@me.com

Patient Address: 15305 White Columns Dr. (Street) Milton GA (City/ State) 30004 (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: Pfizer Date Received: 3/26/21 | | ✓ |
| 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.

AIMEE DMEZA (Print Name) A Dmeza (Sign Name) 4/16/21 (Date)

----------**Staff Use Only**----------

| VACCINE | LOT # | EXPIRATION DATE | DOSE/ROUTE | SITE | DATE/TIME RECEIVED | Administered By: |
|---|---|---|---|---|---|---|
| Pfizer | EN6205 | 6/21 | 0.3 | L deltoid 8:35 | 4/16/21 | Burton |

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. *****