



2020-2021 COVID-19 Vaccine Consent

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

Name of Person Receiving Vaccine: Rachel E Jones-Pincumbe
(First Name, Middle Initial, Last Name)
Date of Birth: 07/29/1981 Social Security Number: 409-51-9288
Phone #: 334 300 2842 Email: rjones27@aum.edu
Patient Address: 75 Travertine Dr Pike Road, AL 36064
(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: _____

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>	<u>X</u>
2.) Have you ever had a life-threatening allergic reaction to any vaccine?	<u>X</u>	<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>3/5/2021</u>	<u>X</u>	
8.) Have you tested positive for COVID-19 PCR or antibodies in the last ninety (90) days?		<u>X</u>

Pfizer x 2

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.

Rachel E Jones-Pincumbe LSJ-PL 10/12/2021
(Print Name) (Sign Name) (Date)

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

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
<u>Pfizer</u>	<u>FC3184</u>	<u>10/21</u>	<u>1M</u> <u>0.3mL</u>	<u>Ⓡ</u> <u>delt</u>	<u>10/12</u> <u>3:27</u>	<u>JFrakes</u> <u>SN</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. ***