



WARHAWK
HEALTH SERVICES

COVID- 19 Vaccine Consent

Name: Qiang Zhai (First Name, Middle Initial, Last Name) Birthday: 2/11/1958
Feb. 8, 1958
0210Y

Phone #: 334-279-5063 Email: qzhai1@aum.edu

Address: 7542 Forest Edge Lane (Street) Montgomery, AL (City/ State) 36117 (Zip)

Please Check One:

Gender: Male: ☒ Female: ☐ Ethnicity: Hispanic: ☐ Non-Hispanic: ☐ Unspecified: Asian

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? <u>Booster Oct. 12, 2021</u> If Yes, Vaccine Name: <u>Pfizer</u> Date Received: <u>Oct. 12, 2021</u>			
8.) Have you tested positive for COVID-19 PCR or antibodies in the last ninety (90) days?			☒

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.

Qiang Zhai
(Print Name)

[Signature]
(Sign Name)

7/13/2022
(Date)

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

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
<u>Pfizer</u>	<u>Fm 7553</u>	<u>July 31, 2022</u>	<u>0.3mL</u> <u>Im</u>	<u>Deltoid</u>	<u>7/13/22</u> <u>01100</u>	<u>Bicknell</u>

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

vaccine. ***