



WARHAWK
HEALTH SERVICES

COVID- 19 Vaccine Consent

Name: Wendy D. Williams Birthday: 12-10-65
(First Name, Middle Initial, Last Name)

Phone #: 334-224-9875 Email: WWilliams@aum.edu

Address: 9217 Blue Springs Cen. Athens, AL 35211
(Street) (City/ State) (Zip)

Please Check One:

Gender: Male: _____ Female: X Ethnicity: Hispanic: _____ Non-Hispanic: X 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?		<u>X</u>
2.) Have you ever had a life-threatening allergic reaction to any vaccine?		<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>	<u>X</u>
6.) Are you immunocompromised or on a medication that affects your immune system? <u>methotrexate, lelethex</u>	<u>X</u>	<u>X</u>
7.) Have you received another COVID-19 vaccine? If Yes, Vaccine Name: <u>10/2022</u> Date Received: <u>Phizer booster</u>	<u>X</u>	
8.) Have you tested positive for COVID-19 PCR or antibodies in the last ninety (90) days?		<u>X</u>

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.

Wendy Williams
(Print Name)

[Signature]
(Sign Name)

7/15/2022
(Date)

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

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
Pfizer	Fm 7553	July 31, 2022	0.3ml 1m	<u>Ⓢ</u> Deltoid	7/15/2022 10:45	Rickneiben

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

vaccine. ***

Laura Hughes at
East Alabama
Rheumatology (Rheumatologist
approved all vaccines
when on current medication) [Signature]