



**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: Wanda Rhea Ingram
(First Name, Middle Initial, Last Name)

Date of Birth: 4.29.1969 Social Security Number: 421 940112

Phone #: 334 313 9313 Email: WIngram4@aum.edu

Patient Address: 233 Merry Court Pike Road, AL 36664
(Street) (City/ State) (Zip)

Please Check One:

Gender: Male: _____ Female: X

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>8-8-21</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.

WANDA RHEA INGRAM [Signature] 10-29-2021
(Print Name) (Sign Name) (Date)

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

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
pfizer	FC3184	1/4/22	0.3mL Im	R	10/29/21	D. Marzette

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. ***