AUM
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: Tamara J. Massey-Garrett
(First Name, Middle Initial, Last Name)

Date of Birth: 8/17/1962 Social Security Number: 090-62-8811

Phone #: 334-559-1513 Email: tmassey2@aum.edu

Patient Address: 3518 Dakraida Pky, Montgomery, AL 36109
(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?		X
2.) Have you ever had a life-threatening allergic reaction to any vaccine?		X
3.) Do you have a bleeding disorder or are on a blood thinner?		X
4.) Are you pregnant or planning to become pregnant? (Will need written approval from OB/GYN prior to receiving vaccine)		X
5.) Do you currently have an acute illness and/or high fever?		X
6.) Are you immunocompromised or on a medication that affects your immune system?		X
7.) Have you received another COVID-19 vaccine? If Yes, Vaccine Name: _____ Date Received: _____		X
8.) Have you tested positive for COVID-19 PCR or antibodies in the last ninety (90) days?		X

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.

Tamara J. Massey-Garrett (Tamara) Massey-Garrett 2/15/21
(Print Name) (Sign Name) (Date)

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

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
Pfizer	EN6200	06/21	0.3ml IM	Left Deltoid	02/15/21 14:00	Lindsey Barton

Next Appointment Date/Time: 2/8/21

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