



**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: Sandra Kendrick Pugh
(First Name, Middle Initial, Last Name)

Date of Birth: 5/3/51 Social Security Number: 420-72-0954

Phone #: 334-202-5890 Email: SKpugh7@yahoo.com

Patient Address: 6219 Mt. Zion Road Ramer, AL 36069
(Street) (City/ State) (Zip)

Please Check One:

Gender: Male: _____ Female: ☒

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? <u>Aspirin</u>		☒
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? <u>Lung disorder</u>		☒
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>2/17/21</u> <u>3/10/21</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.

Sandra Pugh
(Print Name)

Sandra Pugh
(Sign Name)

9/10/21
(Date)

MONTGOMERY FAMILY MEDICINE, P.C.
BRIAN W. ELROD, M.D.
DEA # BE 0984547 LIC. # 00014140(AL)
ERIC W. GRAVES, M.D.
DEA # BG 3702354 LIC. # 18268(AL)
JEFFREY W. MATHIS, M.D.
DEA # BM 3702380 LIC. # 18280(AL)
ALTON STUART HENDON, M.D.
DEA # BH 4107012 LIC. # 19130(AL)
DANIEL L. MOORE, M.D.
DEA # BM 3702392 LIC. # 18285(AL)

8190 SEATON PLACE
MONTGOMERY, AL 36116-7204
P.O. BOX 240369
MONTGOMERY, AL 36124

(334) 396-9100

NAME Seaton Pugh DOB _____
ADDRESS _____ DATE 8/1/21

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

Rx

*pt needs booster for
Covid vaccine
due to chronic
lung disease*

- ☐ 1-24
- ☐ 25-49
- ☐ 50-74
- ☐ 75-100
- ☐ 101-150
- ☐ 151 and over
- _____ Units

☐ Label

Refill NR 1 2 3 4 5

PRODUCT SELECTION PERMITTED

DISPENSE AS WRITTEN



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0L41FP5072793