



2020-2021 COVID- 19 Vaccine Consent

Instructions: Complete and present prior to vaccine administration. (Please Print Legibly).

Name of Person Receiving Vaccine: Alleean Jones
(First Name, Middle Initial, Last Name)
Date of Birth: 9-14-56 Social Security Number: 422-80-7507
Phone #: 334) 262-6259 Email: Alleean.Jones56@gmail.com
Patient Address: 3331 Ridgeman Montgomery AL 36105
(Street) (City/ State) (Zip)

Please Check One:

Gender: Male: _____ Female: F
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?		<u>✓</u>
2.) Have you ever had a life-threatening allergic reaction to any vaccine?		<u>✓</u>
3.) Do you have a bleeding disorder or are on a blood thinner?		<u>✓</u>
4.) Are you pregnant or planning to become pregnant? (Will need written approval from OB/GYN prior to receiving vaccine)		<u>✓</u>
5.) Do you currently have an acute illness and/or high fever?		<u>✓</u>
6.) Are you immunocompromised or on a medication that affects your immune system?		<u>✓</u>
7.) Have you received another COVID-19 vaccine? If Yes, Vaccine Name: <u>Pfizer</u> Date Received: <u>2/17/21</u>	<u>✓</u>	
8.) Have you tested positive for COVID-19 PCR or antibodies in the last ninety (90) days?		<u>✓</u>

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.

Alleean Jones Alleean Jones 10/12/21
(Print Name) (Sign Name) (Date)

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

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
<u>pfizer</u>	<u>FC 3184</u>	<u>10/21</u>	<u>1M</u>	<u>Ⓟ delt</u>	<u>10/12 238</u>	<u>J Frakes SN</u>

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. ***