



**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: KENNETH F. JONES
(First Name, Middle Initial, Last Name)

Date of Birth: 3/26/56 Social Security Number: 417 82 2112

Phone #: 334 858 3419 Email: KJONES@WOODWORKINGDYNAMICS.COM

Patient Address: 139 SEVEN OAKS PIKE ROAD AL 36064
(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?		☐
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: _____ Date Received: _____		☐
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.

KENNETH F JONES [Signature] 2/17/21
(Print Name) (Sign Name) (Date)

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

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
Pfizer	ENG200	06/21	0.3mL Im	② Deltoid	2/17/21 1058 AM	J. Green Rn

Next Appointment Date/Time: 3-10-2021 10:40 AM

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

COVID-19 vaccine. ***