



2020-2021 COVID- 19 Vaccine Consent

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

Name of Person Receiving Vaccine: Linyuan Guo
(First Name, Middle Initial, Last Name)
Date of Birth: 05/10/1970 Social Security Number: 287-65-1998
Phone #: 309-262-3939 Email: guobrennan@gmail.com
Patient Address: 130 Grace Chapel Trail Pike Road , AL 36064
(Street) (City/ State) (Zip)

Please Check One:

Gender: Male: _____ Female: X
Ethnicity: Hispanic: _____ Non-Hispanic: X Unspecified: _____
Race: White: _____ African American: _____ Asian: X
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?			X
If Yes, Vaccine Name: _____ Date Received: _____			
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.

Linyuan Guo

(Print Name)

[Signature]
(Sign Name)

2/17/2021

(Date)

Staff Use Only

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
Pfizer	EN6200	6/21	0.3mL IM	Left Delt	02/17/21 2:13pm	[Signature] CRNP

Next Appointment Date/Time: 3/10/21 @ 2:30pm

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

COVID-19 vaccine. ***