



WARHAWK HEALTH SERVICES

2020-2021 COVID-19 Vaccine Consent

Cadwabder

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

Name of Person Receiving Vaccine: *CAD & BEALE*
(First Name, Middle Initial, Last Name)

Date of Birth: *6/2/54* Social Security Number: *422-76-8087*

Phone #: *334-657-1175* Email: *CADBEALE2@GMAIL.COM*

Patient Address: *882 HANCOCK RD* *EQUINITY, AL* *36026*
(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: <u><i>PFIZER</i></u> ^{<i>826800</i>} Date Received: <u><i>2/18/21</i></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.

CAD BEALE *Cal Beale* *3/11/21*
(Print Name) (Sign Name) (Date)