



2020-2021 COVID-19 Vaccine Consent

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

Name of Person Receiving Vaccine: Bahman Brian Motii
(First Name, Middle Initial, Last Name)

Date of Birth: 02/16/1954 Social Security Number: 447-62-9169

Phone #: 205 266 9059 Email: motiibb@montevallo.edu

Patient Address: 96 Maple Trace Hoover 35244
(Street) (City/ State) (Zip)

Please Check One:

Gender: Male: Male Female: _____

Ethnicity: Hispanic: _____ Non-Hispanic: _____ Unspecified: _____

Race: White: X 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?			dont know
2.) Have you ever had a life-threatening allergic reaction to any vaccine?			no
3.) Do you have a bleeding disorder or are on a blood thinner?			no
4.) Are you pregnant or planning to become pregnant? (Will need written approval from OB/GYN prior to receiving vaccine)			no
5.) Do you currently have an acute illness and/or high fever?			no
6.) Are you immunocompromised or on a medication that affects your immune system?			no
7.) Have you received another COVID-19 vaccine?			no
If Yes, Vaccine Name: _____ Date Received: _____			no
8.) Have you tested positive for COVID-19 PCR or antibodies in the last ninety (90) days?			dont know

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.

B. Brian Motii B. Brian Motii 02/17/2021
(Print Name) (Sign Name) (Date)

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

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
PFIZER	EN6200	06/21	0.3 1M	LEFT DELTOD	2/18/21 2:05pm	S. LEWIS

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. ***