



2020-2021 COVID-19 Vaccine Consent

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

Name of Person Receiving Vaccine:

Landon W. Walls
(First Name, Middle Initial, Last Name)

Date of Birth:

02/15/1975

Social Security Number:

422-23-6248

Phone #:

205-567-2184

Email:

LWWALLS@Montevallo.edu

Patient Address:

6821 Old Tuscaloosa Hwy Montevallo, AL 35111
(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.

Landon Walls
(Print Name)

[Signature]
(Sign Name)

2/18/2021
(Date)

Staff Use Only

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
Pfizer	EN6200	6/21	0.3 mL	① Delt	2/18/21 1039	Stewart

Next Appointment Date/Time:

3/11/21

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

COVID-19 vaccine. ***