



**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:

Beverly W. Nettles

(First Name, Middle Initial, Last Name)

Date of Birth:

9/20/60

Social Security Number:

416 96 9644

Phone #:

(334) 294-8048

Email:

beverleighnett60@icloud.com

Patient Address:

7206 Anna Rose Dr. Mtg. AL

(Street)

(City/ State)

(Zip)

36117

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>2118/21 ; 3118/21 ; 1018/21</u>			
Date Received: <u>4/17/22</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.

Beverly W. Nettles Beverly W. Nettles 4/17/22

(Print Name)

(Sign Name)

(Date)

Staff Use Only

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
<u>Pfizer</u>	<u>FJ0309</u>	<u>5/2022</u>	<u>0.3ml 1m</u>	<u>(L) Deltoid</u>	<u>4/18/22 1433</u>	<u>Bicknell, RN</u>

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. ***