



**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: Douglas M Kittrell
(First Name, Middle Initial, Last Name)

Date of Birth: 8-16-43 Social Security Number: 226-56-6043

Phone #: 334-220-0843 Email: _____

Patient Address: 2521 Westwood Dr Montgomery AL 36108
(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?			NO
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?			NO

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.

Douglas Kittrell Douglas Kittrell 2-18-2021
(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 ML IM	R Delt.	2/18/21 2:48 PM	A. Pontius

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. ***