



**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: Melissa L. Beeson
(First Name, Middle Initial, Last Name)

Date of Birth: 03-18-1985 Social Security Number: 309-94-7553

Phone #: 334-399-8149 Email: melissa.beeson@ackee.net

Patient Address: 526 County Road 40E, Deatsville, AL 36022
(Street) (City/ State) (Zip)

Please Check One:

Gender: Male: _____ Female: X

Ethnicity: Hispanic: _____ Non-Hispanic: X 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?			✓
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?			✓

Crohn's Disease - on
Remicade
(Last Infusion
on 2/10/21)

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.

Melissa L. Beeson Melissa L. Beeson 02-26-2021
(Print Name) (Sign Name) (Date)

Staff Use Only

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
Pfizer	eng200	6/21/21	0.3 mL 1m	ⓐ Delto	2/26/21 8:43am	Colvin

Next Appointment Date/Time: 3/19/2021 0840

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

COVID-19 vaccine. ***