



**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 S. Lee
(First Name, Middle Initial, Last Name)

Date of Birth: 10/15/1971 Social Security Number: —

Phone #: 334-233-8692 Email: MelissaLeeCCR@gmail.com

Patient Address: 819 Cottage Ln. Prattville, AL 36067
(Street) (City/ State) (Zip)

Please Check One:

Gender: Male: — Female: X

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?		X
2.) Have you ever had a life-threatening allergic reaction to any vaccine?		X
3.) Do you have a bleeding disorder or are on a blood thinner?		X
4.) Are you pregnant or planning to become pregnant? (Will need written approval from OB/GYN prior to receiving vaccine)		X
5.) Do you currently have an acute illness and/or high fever?		X
6.) Are you immunocompromised or on a medication that affects your immune system?		X
7.) Have you received another COVID-19 vaccine?	X	
If Yes, Vaccine Name: <u>Pfizer</u> Date Received: <u>2/26/2021</u>		
8.) Have you tested positive for COVID-19 PCR or antibodies in the last ninety (90) days?		X

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 Lee Melissa Lee 3/19/2021
(Print Name) (Sign Name) (Date)

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

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
Pfizer	EN6205	6/21	0.3 mL	Ⓛ Delt	3/19/21 936	Morris

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. ***