



**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:

Brandy L Smith

(First Name, Middle Initial, Last Name)

Date of Birth:

03-16-1983

Social Security Number:

416-17-0296

Phone #:

334-303-0508

Email:

Brandy7459@aol.com

Patient Address:

197 Pinewood Drive

Millbrook, AL

36054

(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.

Brandy L Smith

(Print Name)

Brandy L Smith

(Sign Name)

2-26-21

(Date)