



**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: Brenda Kay Hellums
(First Name, Middle Initial, Last Name)

Date of Birth: 7-22-59 Social Security Number: 338-54-1112

Phone #: 334-315-2930 Email: hellums@Knology.net

Patient Address: 600 Josephine Ln Montgomery, AL 36117
(Street) (City/ State) (Zip)
Apt 6204

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?		<u>X</u>	
If Yes, Vaccine Name: <u>Pfizer</u> Date Received: <u>2-26-21</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.

Brenda Hellums [Signature] 3-19-21
(Print Name) (Sign Name) (Date)

Staff Use Only

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
Pfizer	EN6205	6/21	0.3mL	Ⓛ Delt	3/19/21 1007	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. ***