

Booster- Bivalent



WARHAWK
HEALTH SERVICES

COVID- 19 Vaccine Consent

Name: Mark W. Huston (First Name, Middle Initial, Last Name) Birthday: 1 June 2022 ¹⁹⁵⁷

Phone #: 334-559-9056342 Email: tangoagatha@hotmail.com

Address: 2106 St. Charles Ave (Street) Montgomery, AL (City/ State) 36107-1642 (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: <u>Pfizer</u> Date Received: <u>2/26/21 & 3/19/2021</u>	☒	
8.) Have you tested positive for COVID-19 PCR or antibodies in the last ninety (90) days?		☒

I have read and understand the **COVID-19 VACCINE FACT SHEET FOR RECIPIENTS AND CAREGIVERS (Revised 5/2022)**. I have had the opportunity to discuss the risk/benefits of the COVID-19 vaccine and had the chance to ask questions which were answered to my satisfaction. I hereby consent to receive the COVID-19 vaccine.

Mark W. Huston (Print Name) Mark W. Huston (Sign Name) 30 Sep 2022 (Date)

Staff Use Only

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
Pfizer Bivalent	G1H9702	6/30/2023	0.3ml im	(R) deltoid	9/30/22 0645	Bickman

***If you present to the Emergency Department for any treatment, please inform the staff you have received the COVID-19

vaccine. ***