



2020-2021 COVID-19 Vaccine Consent

Instructions: Complete and present prior to vaccine administration. (Please Print Legibly).

Name of Person Receiving Vaccine: Phyllis A. Davis
(First Name, Middle Initial, Last Name)
Date of Birth: 07-08-1964 Social Security Number: 423-98-9190
Phone #: (334) 428-3712 Email: pdav7864@gmail.com
Patient Address: 2738A Hwy 82W Prattville AL 36067
(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?			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: _____ Date Received: _____			
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.

Phyllis A. Davis Phyllis A. Davis 2-24-2021
(Print Name) (Sign Name) (Date)

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

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
<u>Aizer</u>	<u>EN6200</u>	<u>6/21/21</u>	<u>0.3mL</u> <u>IM</u>	<u>(L)</u> <u>Deltoid</u>	<u>2/24/21</u> <u>1:36 AM</u>	<u>Colvin</u>

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. ***