



**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: HERBERT A. MALONEY
(First Name, Middle Initial, Last Name)

Date of Birth: 10-22-48 Social Security Number: 419-620 054

Phone #: 334 279-072 Email: HERBUNC1@AOL.COM

Patient Address: 948 SOMERSET DR MONTGOMERY AL 36117
(Street) (City/ State) (Zip)

Please Check One:

Gender: Male: X Female: _____
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?		<u>X</u>
2.) Have you ever had a life-threatening allergic reaction to any vaccine?		<u>X</u>
3.) Do you have a bleeding disorder or are on a blood thinner?		<u>X</u>
4.) Are you pregnant or planning to become pregnant? (Will need written approval from OB/GYN prior to receiving vaccine)		<u>X</u>
5.) Do you currently have an acute illness and/or high fever?		<u>X</u>
6.) Are you immunocompromised or on a medication that affects your immune system?		<u>X</u>
7.) Have you received another COVID-19 vaccine?		
If Yes, Vaccine Name: <u>Afrezza</u> Date Received: <u>April 8 / April 29, 2021</u> <u>X</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.

HERBERT A. MALONEY Herbert A Maloney 2-10-2021
(Print Name) (Sign Name) (Date)

Staff Use Only

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
<u>Afrezza</u>	<u>FL 3184</u>	<u>11/2022</u>	<u>0.3ml IM</u>	<u>(U) Right</u>	<u>12/11/21 1320</u>	<u>BICKNELL</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. ***