



**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: Boland Roberts Jr.
(First Name, Middle Initial, Last Name)

Date of Birth: 11-25-70 Social Security Number: 256-45-2750

Phone #: 334-450-3146 Email: robertsr@dot.state.al.us

Patient Address: 4617 Fox Den Lane Montgomery, AL 36106
(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.

Boland Roberts Jr Boland Roberts Jr 4-6-21
(Print Name) (Sign Name) (Date)

Staff Use Only

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
Pfizer	ER8T37	7/21	3 IM	R	4/8/21	Jean Leuner

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. ***