



2020-2021 COVID- 19 Vaccine Consent

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

Name of Person Receiving Vaccine: Bradley Hall
(First Name, Middle Initial, Last Name)
Date of Birth: 01/17/1975 Social Security Number: 419-27-7429
Phone #: 3344672020 Email: beradleyhall@hotmail.com
Patient Address: 309 Mitchell Creek Ridge Wetumpka, AL 36093
(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: <u>Pfizer</u> Date Received: <u>04/08/2021</u>		
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.

Bradley Hall

(Print Name)

RJLU

(Sign Name)

04/28/2021

(Date)

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

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
<u>Pfizer</u>	<u>EWD169</u>	<u>8/21</u>	<u>0.5 ML</u> <u>IM</u>	<u>D</u> <u>Delt.</u>	<u>4/29/21</u> <u>11:03AM</u>	<u>AUM</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. ***