

4/8/21



**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: Andrew J White
(First Name, Middle Initial, Last Name)

Date of Birth: 11-25-1984 Social Security Number: 422-21-1218

Phone #: (334) 242-6849 Email: Whitean@dot.state.AL.US

Patient Address: 991 Fireside Dr. 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?		no
2.) Have you ever had a life-threatening allergic reaction to any vaccine?		no
3.) Do you have a bleeding disorder or are on a blood thinner?		no
4.) Are you pregnant or planning to become pregnant? (Will need written approval from OB/GYN prior to receiving vaccine)		no
5.) Do you currently have an acute illness and/or high fever?		no
6.) Are you immunocompromised or on a medication that affects your immune system?		no
7.) Have you received another COVID-19 vaccine?		no
If Yes, Vaccine Name: _____ Date Received: _____		
8.) Have you tested positive for COVID-19 PCR or antibodies in the last ninety (90) days?		no

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.

Andrew White Andrew White 4-5-21
(Print Name) (Sign Name) (Date)

Staff Use Only

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
Pfizer	ER8737	7/21	.3mL	Lt.	4/8/21 3:30	Stewart

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. ***