



2020-2021 COVID-19 Vaccine Consent

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

Name of Person Receiving Vaccine: STEVEN J YOUNG
(First Name, Middle Initial, Last Name)

Date of Birth: 03-08-1959 Social Security Number: 256-13-7095

Phone #: 334-356-0706 Email: colltdc3859@gmail.com

Patient Address: 7755 Steele Ridge Dr Monroeville 36117
(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: <u>12v</u> Date Received: <u>4/8/21 #1</u> <u>4/29/21 #2</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.

Steven Young
(Print Name)

[Signature]
(Sign Name)

10/12/21
(Date)

Staff Use Only

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
Pfizer	FC 3184	11/11/21	0.3ml 1m	U NATVU	10/12/21 1942	M. R. [Signature]

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. ***