



# COVID-19 Vaccine Consent

Name: Summer T Cato Birthday: 6-8-1977  
 (First Name, Middle Initial, Last Name)  
 Phone #: 334-224-4048 Email: summer tc@gmail.com  
 Address: 2845 Zelda Road Apt P6 Montgomery AL 36106  
 (Street) (City/ State) (Zip)

## Please Check One:

Gender: Male: \_\_\_\_\_ Female: X 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?<br><u>Dulera for asthma</u>                    | <u>X</u> |          |
| 7.) Have you received another COVID-19 vaccine?<br>If Yes, Vaccine Name: <u>Pfizer, Moderna</u> Date Received: <u>2021, 2022</u> | <u>X</u> |          |
| 8.) Have you tested positive for COVID-19 PCR or antibodies in the last ninety (90) days?                                        |          | <u>X</u> |

I have read and understand the **COVID-19 VACCINE FACT SHEET FOR RECIPIENTS AND CAREGIVERS (Revised 5/2022)**. I have had the opportunity to discuss the risk/benefits of the COVID-19 vaccine and had the chance to ask questions which were answered to my satisfaction. I hereby consent to receive the COVID-19 vaccine.

Summer Cato [Signature] 28-Oct-2022  
 (Print Name) (Sign Name) (Date)

## Staff Use Only

| VACCINE                | LOT #          | EXPIRATION DATE   | DOSE/ROUTE      | SITE               | DATE/TIME RECEIVED   | Administered By:    |
|------------------------|----------------|-------------------|-----------------|--------------------|----------------------|---------------------|
| <u>Pfizer Bivalent</u> | <u>6H 9702</u> | <u>01/30/2023</u> | <u>0.3ml IM</u> | <u>(L) deltoid</u> | <u>10/26/22 1415</u> | <u>Bicknell, RN</u> |

\*\*\*If you present to the Emergency Department for any treatment, please inform the staff you have received the COVID-19

vaccine. \*\*\*