

2nd
Page**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: Summer T Cato
(First Name, Middle Initial, Last Name)Date of Birth: 06/08/1977 Social Security Number: 424-33-3245Phone #: 334-224-4048 Email: summerte@gmail.comPatient Address: 2845 Zelda Rd Montgomery AL 36106
(Street) (City/ State) (Zip)
Apt P6**Please Check One:**Gender: Male: _____ Female: XEthnicity: 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?	<u>X</u>	
7.) Have you received another COVID-19 vaccine?	<u>X</u>	
If Yes, Vaccine Name: <u>Pfizer</u> Date Received: <u>4/9/2021</u>		
8.) Have you tested positive for COVID-19 PCR or antibodies in the last ninety (90) days?		<u>X</u>

Duke
for
asthma

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.

Summer Cato [Signature] 4/30/2021
(Print Name) (Sign Name) (Date)

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

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
Pfizer	EW 0169	8/21	0.3	(P) Delt	4/30/21 1555	Marzette

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. *****