

2nd
dose



**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: Vanessa D. Patterson
(First Name, Middle Initial, Last Name)

Date of Birth: 12-6-72 Social Security Number: 424-25-8495

Phone #: 301-3716 Email: vpatterson72@gmail.com

Patient Address: 3510 Zack Gordon Pl. Hope Hill, AL 36043
(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>PF 12es</u> Date Received: <u>4/9/21</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.

Vanessa Patterson
(Print Name)

Vanessa Patterson
(Sign Name)

4/30/21
(Date)

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

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
<u>pfizer</u>	<u>EW0169</u>	<u>8/21</u>	<u>0.3 mL</u>	<u>1T del</u>	<u>3:02</u>	<u>MC Engle</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. ***