

12:55 Friday 4-9-2021



2020-2021 COVID-19 Vaccine Consent

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

Name of Person Receiving Vaccine: Richard W. Dunn
(First Name, Middle Initial, Last Name)
Date of Birth: 3-21-1975 Social Security Number: 422-21-7380
Phone #: 334-850-7354 Email: rwdunn@knology.net
Patient Address: 201 Summer Ct Prattville, AL 36066
(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?			X
2.) Have you ever had a life-threatening allergic reaction to any vaccine?			X
3.) Do you have a bleeding disorder or are on a blood thinner?			X
4.) Are you pregnant or planning to become pregnant? (Will need written approval from OB/GYN prior to receiving vaccine)			X
5.) Do you currently have an acute illness and/or high fever?			X
6.) Are you immunocompromised or on a medication that affects your immune system?			X
7.) Have you received another COVID-19 vaccine?			X
If Yes, Vaccine Name: _____ Date Received: _____			X
8.) Have you tested positive for COVID-19 PCR or antibodies in the last ninety (90) days?			X

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.

Richard W. Dunn Richard W Dunn 4-5-2021
(Print Name) (Sign Name) (Date)

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

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
Pfizer	ER8937	7/21	0.3ml IM	(L) deltoid	4/9/21 12:31	L. Smith

Next Appointment Date/Time: 4/30 @ 10:25am

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