



**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: Keston N Purcell
(First Name, Middle Initial, Last Name)

Date of Birth: 07-12-1996 Social Security Number: 357-92-0187

Phone #: 334-354-0571 Email: keston.purcell@yahoo.com

Patient Address: 806 Seaton Circle Montgomery AL 36116
(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?			No
2.) Have you ever had a life-threatening allergic reaction to any vaccine?			No
3.) Do you have a bleeding disorder or are on a blood thinner?			No
4.) Are you pregnant or planning to become pregnant? (Will need written approval from OB/GYN prior to receiving vaccine)			No
5.) Do you currently have an acute illness and/or high fever?			No
6.) Are you immunocompromised or on a medication that affects your immune system?			No
7.) Have you received another COVID-19 vaccine?			No
If Yes, Vaccine Name: _____ Date Received: _____			No
8.) Have you tested positive for COVID-19 PCR or antibodies in the last ninety (90) days?			No

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.

Keston Purcell

(Print Name)

K Purcell

(Sign Name)

04-08-2021

(Date)

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

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
Pfizer	ER8737	7/21	0.3ml IM	Ⓢ Deltoid	4/8/21 9:28am	Leachman

Next Appointment Date/Time: 4/29 @ 9:30am

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

COVID-19 vaccine. ***