

From: Geogia White anlee_07@yahoo.com
Subject: Fwd:
Date: Apr 8, 2021 at 7:39:38 AM
To: anwhite@stjweb.org



Sent from my iPhone

Begin forwarded message:

From: Geogia White <anlee_07@yahoo.com>
Date: April 1, 2021 at 1:05:37 PM CDT
To: GeorgiaWhite@stjweb.org

 auburn.azureedge.net



**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: Georgia Ann White
(First Name, Middle Initial, Last Name)
Date of Birth: 05/16/1962 Social Security Number: 423 84 4854
Phone #: 334 462 2688 Email: anlee-07@yahoo.com
Patient Address: 3428 Gilmer Avenue ^{Unscanned} Mobile, ALA 36105
(Street) (City/ State) (Zip)

Please Check One:

Gender: Male: _____ Female: X
Ethnicity: Hispanic: _____ Non-Hispanic: _____ Unspecified: _____
Race: White: _____ African American: X Asian: _____
American Indian: _____ Native Hawaiian: _____ Other: _____

PLEASE ANSWER EACH QUESTION LISTED BELOW.

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?		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: _____		
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 CAREGIV 12/2020**. I have had the opportunity to discuss the risk/benefits of the COVID-19 vaccine. I have had the ch questions which were answered to my satisfaction. I hereby consent to receive the COVID-19 vaccine.

Georgia Ann White (Print Name) [Signature] (Sign Name) 4/8/21 (Date)

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

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Admini
Pfizer	6R8737	7/21	0.3ml IM	(R) Deltoid	4/8/21 9:13am	beachman

Next Appointment Date/Time: _____

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

COVID-19 vaccine. ***