

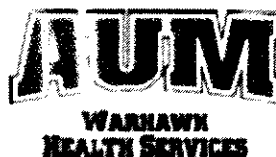
From: Tatiana Delapiedra tatypdel.piedra@gmail.com

Subject: Form

Date: Apr 6, 2021 at 3:06:29 PM

To: Tatiana Delapiedra tatypdel.piedra@gmail.com AUM Student ID: 500377086

e-mail: ~~tpaganin~~ +tpaganin@aum.edu



2020-2021 COVID-19 Vaccine Consent

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

Name of Person Receiving Vaccine: MAURO F. LAPOLLA
(First Name, Middle Initial, Last Name)

Date of Birth: MAY 18, 1976 Social Security Number: _____

Phone #: 334) 300 3962 Email: mf.lapolla@gmail.com

Patient Address: 2928 US HIGHWAY 31N - MARBURY, AL 36051
(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: _____ Date Received: _____		
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.

April 9, 2021