



2020-2021 COVID- 19 Vaccine Consent

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

Name of Person Receiving Vaccine: MICHAEL W BIRKHEAD
(First Name, Middle Initial, Last Name)

Date of Birth: 5-30-08 Social Security Number: ---

Phone #: 334-740-9720 Email: CHELSEA-K-WARD@GMAIL.COM

Patient Address: 251 FARMINGTON N. PIKE ROAD AL 36064
(Street) (City/ State) (Zip)

Please Check One:

Gender: Male: X Female: ---

Ethnicity: Hispanic: --- Non-Hispanic: X Unspecified: ---

Race: White: X 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?			<u>X</u>
2.) Have you ever had a life-threatening allergic reaction to any vaccine?			<u>X</u>
3.) Do you have a bleeding disorder or are on a blood thinner?			<u>X</u>
4.) Are you pregnant or planning to become pregnant? (Will need written approval from OB/GYN prior to receiving vaccine)			<u>X</u>
5.) Do you currently have an acute illness and/or high fever?			<u>X</u>
6.) Are you immunocompromised or on a medication that affects your immune system?			<u>X</u>
7.) Have you received another COVID-19 vaccine?			<u>X</u>
If Yes, Vaccine Name: <u>Pfizer</u> Date Received: <u>5-11-21</u>		<u>X</u>	
8.) Have you tested positive for COVID-19 PCR or antibodies in the last ninety (90) days?			<u>X</u>

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.

CHelsea WARD

(Print Name)



(Sign Name)

6.1.21

(Date)

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

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
pfizer	ER8737	7/21	0.3mL IM	L	6-1-21 8:15am	Barton

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. ***