

2nd



2020-2021 COVID-19 Vaccine Consent

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

Name of Person Receiving Vaccine:

Christopher S. Player
(First Name, Middle Initial, Last Name)

Date of Birth:

10-17-08

Social Security Number:

Phone #:

334-202-8225

Email:

KimPlayera@hotmail.com

Patient Address:

27 Lake Park Dr. Pike Road AL 36004
(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: Pfizer Date Received: 5-21-21		
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.

Christopher Player Christopher Player
(Print Name) (Sign Name)
10-11-21
(Date)

Staff Use Only

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
Pfizer	ER8737	7/21	0.3	Lt.	6/11/21 8:56	Barta

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. ***