

334-244-3281


**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: John W. LeMaster
 (First Name, Middle Initial, Last Name)

 Date of Birth: 8/16/2006 Social Security Number: 417-61-1944

 Phone #: 334-233-1398 Email: jlemaster@gmail.com

 Patient Address: 3579 Royal Crest Dr Montgomery, AL 36109
 (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.

Kristen W. LeMaster Kristen W. LeMaster 5/21/21
 (Print Name) (Sign Name) (Date)

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

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
<u>Pfizer</u>	<u>028737</u>	<u>7/21</u>	<u>0.3</u>	<u>(L)</u>	<u>5/21/21</u> <u>12:59</u>	<u>Jysseka</u>

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. ***