



**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: Sravani Katkuri
(First Name, Middle Initial, Last Name)

Date of Birth: 08-08-1996 Social Security Number: 742-'84-7559

Phone #: 334-467-5538 Email: Sravanireddy79@gmail.com

Patient Address: 5520 Sedonact Montgomery, AL 36116
(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: <u> Pfizer </u> Date Received: <u> 04/11/21 </u>			
8.) Have you tested positive for COVID-19 PCR or antibodies in the last ninety (90) days?			
<u> 3 weeks before </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.

Sravani Katkuri K Sravani _____
(Print Name) (Sign Name) (Date)

Staff Use Only

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
<u> pfizer </u>	<u> FC3184 </u>	<u> 1/2022 </u>	<u> 0.3mL IM </u>	<u> @ netaid </u>	<u> 1-22-22 1325 </u>	<u> Bickrellian </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. ***

*tested @
netaid
denies
all my tests*

*Pfizer
baxter*