



2020-2021 COVID- 19 Vaccine Consent

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

Name of Person Receiving Vaccine: MARY L HARDIN
(First Name, Middle Initial, Last Name)

Date of Birth: JULY 25, 1946 Social Security Number: 417 72 0898

Phone #: 334 281 0253 Email: None

Patient Address: 5300 LISA LN. Montgomery, AL 36108
(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?	NO	
2.) Have you ever had a life-threatening allergic reaction to any vaccine?	NO	
3.) Do you have a bleeding disorder or are on a blood thinner?	NO	
4.) Are you pregnant or planning to become pregnant? (Will need written approval from OB/GYN prior to receiving vaccine)	NO	
5.) Do you currently have an acute illness and/or high fever?	NO	
6.) Are you immunocompromised or on a medication that affects your immune system?	NO	
7.) Have you received another COVID-19 vaccine?	NO	
If Yes, Vaccine Name: _____ Date Received: _____		
8.) Have you tested positive for COVID-19 PCR or antibodies in the last ninety (90) days?	NO	

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.

MARY L. HARDIN Mary L. Hardin 10-12-21
(Print Name) (Sign Name) (Date)

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

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
Pfizer	FC3184	10/21	0.3ml/IM	Right arm deltoid	10/12/21 2:21pm	Hollyann Gordon Student Nurse

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. ***