



COVID-19 Vaccine Consent

Buster +

Name: Anne M Sliter Birthday: 6/10/1944
(First Name, Middle Initial, Last Name)

Phone #: 334-396-4300 Email: —

Address: 8094 Ansley Trce Montgomery AL 36117-8204
(Street) (City/ State) (Zip)

Please Check One:

Gender: Male: — Female: X Ethnicity: Hispanic: — Non-Hispanic: — 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?		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? <u>coumadin</u>	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? If Yes, Vaccine Name: <u>MODERNA</u> Date Received: <u>11/3/2021</u>	X	
8.) Have you tested positive for COVID-19 PCR or antibodies in the last ninety (90) days?		X

I have read and understand the COVID-19 VACCINE FACT SHEET FOR RECIPIENTS AND CAREGIVERS (Revised 5/2022). I have had the opportunity to discuss the risk/benefits of the COVID-19 vaccine and had the chance to ask questions which were answered to my satisfaction. I hereby consent to receive the COVID-19 vaccine.

Anne Sliter 7/15/2022
(Print Name) (Sign Name) (Date)

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

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
Pfizer	Fm 7553	July 31, 2022	0.3mL 1m	① Deltoid	7/15/22 1400	Bicknell, RN

***If you present to the Emergency Department for any treatment, please inform the staff you have received the COVID-19

vaccine. ***