



2020-2021 COVID- 19 Vaccine Consent

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

Name of Person Receiving Vaccine: Dawnese L Bowen
 (First Name, Middle Initial, Last Name)
 Date of Birth: 12-12-1971 Social Security Number: 420-15
 Phone #: 334-399-1013 Email: dawneseb@gmail.com
 Patient Address: 3031 Fieldcrest 36106
 (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>3-5-2021</u>		
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.

Dawnese Bowen Dawnese Bowen 11-11-21
 (Print Name) (Sign Name) (Date)

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

VACCINE	LOT #	EXPIRATION DATE	DOSE/ROUTE	SITE	DATE/TIME RECEIVED	Administered By:
<u>Hizer</u>	<u>FC3184</u>	<u>01/21/22</u>	<u>0.3ml</u> <u>1m</u>	<u>(B)</u> <u>beltrid</u>	<u>11/11/21</u> <u>1323</u>	<u>m. Fain, RN</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. ***