



CULLMAN REGIONAL

COVID-Pfizer Vaccine 1st SHOT

Profession: \_\_\_\_\_

Vaccination Consent Form

Patient Name: \_\_\_\_\_ Last First Middle Initial

Address: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_ Number and Street

City State Zip Patient Sex: [ ] Male [ ] Female

Telephone: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Please respond "yes" or "no" to the following questions:

(any response in the "yes" column may need to be reviewed with a physician before the vaccination may be given)

- Yes No Are you sick today? Are you allergic to Propylene Glycol or other components of Pfizer vaccine? Are you pregnant or may become pregnant within the next month? Have you ever had Guillain-Barre Syndrome? Have you received any other vaccinations in the last 2 weeks? Have you ever had a serious reaction after receiving a vaccination? Have you had COVID? When you had COVID, did you receive monoclonal antibody infusion and / or COVID-19 convalescent plasma?

Check all medical conditions that apply:

- [ ] Cardiovascular Disease [ ] Diabetes [ ] Immunosuppressive Disease [ ] Hypertension [ ] Chronic Kidney Disease [ ] Currently receiving Immunosuppressive Therapy [ ] Chronic Obstructive Pulmonary Disease or other respiratory disease [ ] Cancer

Vaccinations generally cause only mild side effects, if any at all. They do not last long and go away on their own. There is a remote possibility, as with any vaccine or drug that an allergic reaction or other serious complication or even death can occur. Medical events completely unrelated to the vaccination may occur and are sometimes confused with reactions to the vaccine.

I have read and understand the above information about the vaccine(s). I also acknowledge that I have received, read, and understand a copy of the "Vaccine Information Sheet" from a Cullman Regional staff person. I have had a chance to ask questions and any questions have been answered to my satisfaction. I understand the potential benefits and risks of the vaccine (s) to be given and request that the vaccine be given to me or the person for whom I am authorized to make this request.

I assign and authorize direct payment of benefits to Cullman Regional.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

Vaccine: \_\_\_\_\_ Dose: \_\_\_\_\_ (mL) Lot#: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Site: \_\_\_\_\_ (circle) SQ / IM

Signature of Vaccine Administrator: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_