SECOND COVID-19 VACCINE CONSENT FORM

Name: _____ Date of Birth: _____ Last 4 numbers of Social Security Number: _____

I have received the first dose of the Pfizer Covid-19 vaccine. I am eligible for the second dose and have waited the 21 days which is necessary between the first and second dose. I consent to receive the Pfizer Covid-19 vaccine. I have had no serious reaction and have had no changes in my medical history. If I have had a serious reaction or have had changes in my medical history, I will complete a new Vaccine Consent Intake Form. I will wait the 15 minutes after vaccination to ensure that I am around medical personnel in the event of an immediate adverse reaction.

Signature: _____

Pharmacy Use Only

Vaccine: Pfizer IM – L Arm Lot Number Expiration Date Name of Vaccine Clinic: Lula Pharmacy 770-869-3616

IM – R Arm

Pharmacist Name who reviewed this form: _____ Pharmacist Signature: _____

If certified vaccinator is different than the pharmacist who reviewed this form:

Name: _____ Signature: _____