

TODAYS DATE: _____

DOSE: 1ST 2ND 3RD

BRAND: PFIZER MODERNA J&J ARM - LEFT OR RIGHT

PREVIOUS VAX DATES _____

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

DATE OF BIRTH: _____

GENDER: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

Please Be Aware
There is a mandatory
15 minute in-store
observation period
after your vaccine

RACE: American Indian or Alaska Native Asian
Black or African-American White Other Race
Native Hawaiian or Other Pacific Islander

HISPANIC/LATINO: YES NO

INSURANCE: MEDICARE B MASSHEALTH PRIVATE NONE

