



Energy Efficiency Specialists™


Company: Hudson Bay Insulation

Name: Leshawn Boykin

D.O.B.: 10/19/1994

COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.
Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.



Last Name: Boykin First Name: Leshawn MI: _____

Date of birth: 10/19/1994 Patient number (medical record or IIS record number): _____

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	<u>Pfizer</u> <u>FC3184</u>	<u>9/21/21</u> mm dd yy	<u>RASAS</u>
2 nd Dose COVID-19	<u>Pfizer</u> <u>FF8241</u>	<u>10/18/21</u> mm dd yy	<u>RASAS</u>
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	