



Energy Efficiency Specialists™



Company: Hudson Bay Insulation

Name: Ron Fleming

D.O.B.: 06/06/1971

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: Fleming First Name: Ron MI: _____
 Date of birth: 06.06.71 Patient number (medical record or IIS record number): _____

| Vaccine | Product Name/Manufacturer Lot Number | Date mm dd yy | Healthcare Professional or Clinic Site |
|----------------------------------|---|----------------------------|---|
| 1 st Dose COVID-19 | Pfizer/COVID-19 FC3183 | 09/09/21 mm dd yy | Rite Aid 6521 |
| 2 nd Dose COVID-19 | Pfizer/COVID-19 FF8841 | 09/30/21 mm dd yy | Rite Aid 6521 |
| Other | | ____/____/____ mm dd yy | |
| Other | | ____/____/____ mm dd yy | |