

M2

Signed Certificate of Immunization

Pamela Harris

Patient's name

Onondaga County Health Department COVID-19 Vaccine Clinic

Vaccine provider

Oncenter Convention Center, 800 S State Street, Syracuse, NY 13202

Location of clinic

COVID-19 Vaccine

Name of vaccine

Moderna

Manufacturer

3/11/21

1st Dose Date

001A21A

Lot number

KS

Vaccinator

4/8/21

2nd Dose Date

021B21A

Lot number

Kathy [Signature]

Vaccinator

Yes, I attest that I will provide a copy of this certificate to my primary care provider.

Pamela Harris

1st dose-patient signature

2nd dose-patient signature



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For information about COVID-19 and the vaccine, visit covid19.ongov.net

Signed Certificate of Immunization

GARRIE STEVENS

Patient's name

1/19/21

Date of vaccination

Onondaga County Health Department COVID-19 Vaccine Clinic

Vaccine provider

Oncenter Convention Center, 800 S State Street, Syracuse, NY 13202

Location of clinic

COVID-19 Vaccine

Name of vaccine

Pfizer

Manufacturer

EL 3247

Lot number

Jane Kradbeck and

Vaccinator

Yes, I attest that I will provide a copy of this certificate to my primary care provider.

Garrie Stevens

Signature of patient



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Signed Certificate of Immunization

GARRIE STEVENS

Patient's name

Onondaga County Health Department COVID-19 Vaccine Clinic

Vaccine provider

Oncenter Convention Center, 800 S State Street, Syracuse, NY 13202

Location of clinic

COVID-19 Vaccine

Name of vaccine

Pfizer

Manufacturer

1/19/21

1st Dose Date

Lot number

Vaccinator

2/9/21

2nd Dose Date

EL 9269

Lot number

MaryAnn Hughes

Vaccinator

Yes, I attest that I will provide a copy of this certificate to my primary care provider.

Garrie Stevens

1st dose - patient signature

2nd dose - patient signature



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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.



Stevens Last Name
Garrie First Name
MI

10/31/41 Date of birth
Patient number (medical record or IIS record number) #4

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	BioCrux #3 FF 8839	9/30/21 mm dd yy	JINNEY DRUGS INC 396 US RT 11 TULLY NY 13159
2 nd Dose COVID-19		mm / dd / yy	
Other		mm / dd / yy	
Other		mm / dd / yy	