

*Child's Name:	*Date of Birth: / /
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FOR OFFICE USE ONLY:

	Vaccine Manufacturer	Lot Number	Dose Volume	Signature and Title of Vaccinator	Body Site	Route	EUA date
#1 / /	Pfizer		0.2 cc	X _____	LA	IM multi vial	October 29, 2021
#2 / /					RA		State Supplied YES

UMMS Provider Code: 116737176

Reminder card given? Y N

V-Safe sheet given? Y