

## EXAMPLE

From: NYS COVID Vaccine Program

Subject: NYS COVID-19 Vaccine Pre-Administration Form Response



Thank you for completing the New York State COVID-19 Vaccine Form.

FIRST NAME LAST NAME

**Submitted:** 02/08/2021, 07:28 pm

**Submission ID:**

123456789101112131415

Please show this page to your COVID-19 vaccine healthcare provider before the vaccination.