

New York State COVID-19 Vaccine Form

EXAMPLE

This form is not proof of an appointment.

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

FIRST NAME LAST NAME

Submitted: 02/08/2021, 11:32 am

Submission ID:

12345678910111213141516

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

100%

