

**Covid 19 Pfizer-BioTech Vaccine
for 5 through 11 years of age**

Name _____

Date of Birth _____

Gender Female Male Other

Address _____

Phone _____ Phone _____

Email _____ Email _____

Nationality U.S. Mexico Canada

Ethnicity Hispanic/Latino Not Hispanic/Latino

Race American Indian or Alaskan Native
Asian
Black or African-American
Hispanic or Latino
Middle Eastern or North African
Native Hawaiian or Other Pacific Islander
Other
Unknown
White

Birth Country _____

Birth State _____

For office use only

Dose #1:

Dose #2:

Date _____

Date: _____

Lot # _____

Lot # _____

Exp Date: _____

Exp Date: _____

Arm Admin: _____

Arm Admin: _____

Covid Card Given: _____

Covid Card Updated: _____