QQ邮箱 mail.qq.com

For Your Records

发件人：CVS Pharmacy<pharmacy@notification.cvshealth.com>
时　间：2021年4月29日(星期四) 凌晨1:52
收件人：maimanger<913504084@qq.com>

CVS pharmacy

Please keep this for your records

Remember, your second dose completes your vaccination

Second dose appointment:
2021-05-19 at 10:30 AM
468 BLUE HILL AVE 468 BLUE HILL AVE, DORCHESTER, MA 02121

Add to calendar

Hi FANGYING,

Thanks for choosing CVS Pharmacy®. This email contains a record of your recent vaccination.

You can also view this and other CVS health records by signing in to CVSCare.com.

View Record

Vaccine administration record

Patient information

Last name:
LI

First name:
FANGYING

Date of birth:
11/01/1989

Gender:
F

Address:
150 CAMDEN STREET APT
409
BOSTON, MA 02118

Phone:

Primary care provider (PCP):

PCP address:
,

Vaccine administration information

Vaccine type:
COVID

Vaccine administered:
PFIZER COVID-19 VACCINE (EUA)

Administration date:
04/28/2021

Dose # (if multiple):
1

Manufacturer:
PFIZER MANUFACT

Lot #:
EW0170

Expiration date:
08/2021

Route:
IM

Site:
Left Deltoid

Volume (ml):
0.3ml

CVS pharmacy

Vaccine Information Statement version date:
02/27/2021

Date Vaccine Information Statement given to patient:
04/28/2021

Verifying pharmacist:
Chen, Stella
Signature electronically captured

Administering immunizer name and title:
Chen, Stella,

Vaccine prescriber:
JOHN BOGDASARIAN

Vaccine prescriber address:
33 ELECTRIC AVE STE 202
FITCHBURG, MA 01420

Store information

Store #:
02592

Rx #:
1679855

Address:
468 BLUE HILL AVE
DORCHESTER, MA 02121

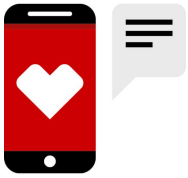
Phone:
(617) 427-7806

Need a more detailed record?

The summary above and online may not include complete information or serve as proof of vaccination in some states. If your state needs more details, try the following options:

1. If you signed a vaccination consent form on paper, we gave you a paper copy of your official Vaccine Administration Record
2. If you gave us your primary care provider's information, contact them for a copy

3. See if your state has an immunization registry
4. Call CVS Pharmacy



Report side effects and help keep the vaccine safe

The CDC has created a way for you to report how you feel after the COVID-19 vaccination through a smartphone-based tool that uses text messaging and web surveys to check in with you.

Sign up for v-safe today >

How was your vaccine experience?

Take 1 minute to rate your vaccination experience with CVS Pharmacy and share your thoughts.

Consent for services

CONSENT FOR SERVICES: I have received and read (or had read to me) the Patient Fact Sheets and/or Vaccine Information Statements regarding the vaccine. I understand the benefits and risks of vaccination. I voluntarily assume full responsibility for any reactions or consequences that may result. I understand that I should remain in the vaccine administration area for 15 minutes, or longer if directed, after the vaccination to be monitored for potential adverse reactions. In the event of side effects, I understand I should call the pharmacy, my doctor, or 911. I certify that the information provided regarding eligibility for the vaccine is accurate and request that the vaccine be given to me or to the person previously named for whom I am authorized to make this request. State of Georgia only: I verify a pharmacist asked for my health history and whether I have had a physical exam within the past year. Health care providers did not identify condition(s) that would mean I should not receive vaccine(s).

AUTHORIZATION TO REQUEST PAYMENT: I authorize CVS Pharmacy® ("CVS®") to release medical information to Medicare, Medicaid or any other third party payer as needed and to request payment of authorized benefits to be made on my behalf to CVS. I certify that the information provided about may Medicare, Medicaid or other coverage is correct.

ACCEPTANCE OF FINANCIAL RESPONSIBILITY: Notwithstanding anything previously set forth, I agree that I am responsible for and will promptly pay on demand any and all obligations to CVS Pharmacy including all self-pay balances as well as those charges for services not covered or disallowed by my insurance carrier (For non-COVID-19 vaccines).

DISCLOSURE OF RECORDS: I understand that CVS® may be required to or may voluntarily disclose my health information with respect to this vaccine to my healthcare providers, my insurance plan, health systems and hospitals, and/or state or federal registries. I understand that CVS will use and disclose my health information as set forth in the CVS Notice of Privacy Practices (copy is available in-store, online or by requesting a paper copy from the pharmacy). State of California only: I agree to have the California Immunization Registry (CAIR) share my immunization data with health care providers, agencies or schools. State of FL only: Students 18-23 may opt out of the immunization registry by notifying pharmacy prior to administration Vaccine Clinics: If I am receiving a vaccine through a vaccine clinic, I understand that my name, vaccine appointment date and time will be provided to the clinic coordinator.

Signature electronically captured

Consent date: 04/24/2021

Screening questions

Are you sick today?

> NA

Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something? For example, a reaction for which you were treated with epinephrine, or EpiPen, or for which you had to go to the hospital? If yes, what are you allergic to?

> N

Had you ever had a severe allergic reaction after receiving a COVID-19 vaccine?

N

Have you ever had a severe allergic reaction after receiving another vaccine or injectable medication?

N

Have you ever had a severe allergic reaction after receiving Polyethylene Glycol?

N

Have you ever had a severe allergic reaction related to receiving Polysorbate or products containing Polysorbate?

N

Are you currently pregnant or breastfeeding?

N

In the past 14 days, have you teste positive for COVID-19?

N

In the past 14 days, have you been in close contact with anyone who tested positive for COVID-19?

N

Do you currently have fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, nausea, vomiting, or diarrhea?

N

Do you have a bleeding disorder or are you taking a blood thinner?

N

Have you received any vaccines in the past 14 days?

N

Have you received monoclonal antibodies or convalescent plasma as part of a COVID-19 treatment in the past 90 days?

N

What is your age?

Y

30

Pharmacist notes:

Patient's Temperature: 97.2f

Private and confidential. Intended for patient or caregiver only. If you have received this document in error, please notify CVS Pharmacy immediately.

One CVS Drive,
Woonsocket, RI 02895

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