



## **Your vaccination appointment is confirmed!**

Your appointment number is  
**ny5d5qcj3h**  
and an email has been sent to  
**Nicolascuenca123@gmail.com**

### **Appointment Details**

#### **Appointment 1: Date and time**

Thursday April 15 2021, 3:00PM

Mega POD Pomona Fairplex - ALL ELIGIBLE GROUPS - Pfizer

2370 East Arrow Highway, Gate 15, La Verne, CA 91750

#### **Appointment 2: Date and time**

Thursday May 6 2021, 3:00PM

Mega POD Pomona Fairplex - ALL ELIGIBLE GROUPS - Pfizer

2370 East Arrow Highway, Gate 15, La Verne, CA 91750

#### **First name**

Nicolas

#### **Last name**

Cuenca

#### **Date of birth**

02-25-2000

#### **Mother or guardian's first name**

Gustavo

**Gender**

Male

**Race**

White

**Hispanic, Latino, or Spanish origin**

Other South American

**Email address**

Nicolascuenca123@gmail.com

**Mobile number**

+16264132296

**Home street address**

162 Alta Street Unit C

**City**

Arcadia

**Zip code**

91006

**Do you have health coverage?**

No

**Are you feeling sick today?**

No

**Have you ever had an allergic reaction to (1) component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures, (2) Polysorbate, (3) a previous dose of COVID-19 vaccine (This would include a severe allergic reaction (e.g., anaphylaxis) that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)**

No

**Have you ever had an allergic reaction to another vaccine (other than**

**Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? (This would include a severe allergic reaction (e.g., anaphylaxis) that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It**

**would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)**

No

**Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of the COVID-19 vaccine, polysorbate, or any vaccine or injectable medication? This would include food, pet, environmental, or oral medication allergies.**

No

**Have you received any vaccine in the last 14 days?**

No

**Have you ever had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?**

No

**Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?**

No

**Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?**

No

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

No

**Are you pregnant or breastfeeding?**

No

**Have you ever received a dose of COVID-19 vaccine?**

No

**State and federal nondiscrimination laws require medical providers to make sure that people with disabilities have the same access to medical care as people without disabilities. Please let us know if you**

**medical care as people without disabilities. Please let us know if you require one or more of the following accommodations at your vaccine appointment. Check as many as apply.**

I do not require any accommodation during my appointment

---

## What to bring to your appointment

If you make an appointment, please bring a form of documentation with your name on it. The name should match the name on your appointment confirmation.

- If your eligibility is based on age, bring a document with a birthdate.
- If your eligibility is based on occupation, bring a document showing your occupation.
- If your eligibility is based on an underlying condition or disability, no other documentation is required for verification.

### **You do not need a government-issued ID to receive a vaccine.**

Examples of acceptable documentation with your name include: a REAL ID, state driver's license or identification card, passport, library card, employee/work ID, letter from your employer or school, paystub, bank/ATM card, membership card, utility bill, money transfer receipt, matricula consular, or any of the [documents accepted by Covered California](#) as identification.

---

### **Have questions?**

Our Virtual Assistant can help with your vaccine, registration and scheduling questions today. Click here to [chat now](#).

### **Having trouble? Don't have an email address or mobile phone?**

Call the CA COVID-19 Hotline at 1-833-422-4255 (M-F 8AM-8PM, Sa-Su 8AM-5PM) for assistance.

[Report an issue with the COVID-19 My Turn website](#)

Official California State Government Website



Please review the [Privacy Policy](#).