

NORTH CAROLINA DRIVER LICENSE

4d DLN [REDACTED] 31 DOB [REDACTED] 05/26/2024

1. **WELCH**
2. **LINDSAY GRAY**

0. CLASS **C** 9a END **M**
12 RESTR **NONE**
15 SEX **M** 18 EYES **BRO**
18 HT **6'-03"** 19 HAIR **BRO** RACE

4a ISS **03/16/2020**
5. DO **0027284106**

Del. [Signature]

COVID-19 Vaccination Record Card



Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Last Name Welch First Name Lindsay MI MI
 Date of birth 5/26/58 Patient number (medical record or IIS record number) _____

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	<u>Pfizer</u> <u>EP 8733</u>	<u>3/25/21</u> mm dd yy	<u>GHD</u>
2 nd Dose COVID-19	<u>Pfizer</u> <u>EP 8734</u>	<u>4/19/21</u> mm dd yy	<u>GHD</u>
Other	<u>Pfizer</u> <u>320308D</u>	<u>11/2/21</u> mm dd yy	<u>CNS 7049</u>
Other		mm dd yy	

Reminder! Return for a second dose! ¡Recordatorio! ¡Regrese para la segunda dosis!

Vaccine	Date / Fecha
COVID-19 vaccine Vacuna contra el COVID-19	mm / dd / yy
Other Otra <u>V-safe</u>	mm / dd / yy

Bring this vaccination record to every vaccination or medical visit. Check with your health care provider to make sure you are not missing any doses of routinely recommended vaccines.

For more information about COVID-19 and COVID-19 vaccine, visit [cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).

You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at vaers.hhs.gov.

Lleve este registro de vacunación a cada cita médica o de vacunación. Consulte con su proveedor de atención médica para asegurarse de que no le falte ninguna dosis de las vacunas recomendadas.

Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19, visite [espanol.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).

Puede notificar las posibles reacciones adversas después de la vacunación contra el COVID-19 al Sistema de Notificación de Reacciones Adversas a las Vacunas (VAERS) en vaers.hhs.gov.

MLS-319813-1



ATTESTATION FORM

COVID-19 VACCINATION STATUS

INSTRUCTIONS:

Please complete this form to attest to your **COVID-19 Vaccination Status**. Please complete all blanks below with your own personal information.

I, Lindsay Welch, hereby state, affirm, and attest, that the vaccination card, proof, and/or evidence that I have submitted as proof of my **COVID-19 Vaccination Status** is true and accurate, and that the information I have provided is my own and relates to me, is not that of another, and is legitimate and free of fraudulent information.

Lindsay Welch

Printed Name

A handwritten signature in blue ink, appearing to read 'Lindsay Welch', written over a horizontal line.

Signature

01/22/2021

Date