

Vaccine administration record

Patient information

Last name:
BRUBAKER

First name:
HAROLD

Date of birth:
12/30/1945

Gender:
M

Address:
6048 FOXCROFT DR
ROCKINGHAM, VA 228019697

Phone:
(540) 434-1171

Primary care provider (PCP):

PCP address:

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Vaccine administration information

Vaccine type:
COVID

Vaccine administered:
MODERNA COVID-19 VACCINE
(EUA)

Administration date:
04/04/2022

Manufacturer:
MODERNA US, INC

Lot #:
048L21A

Expiration date:
07/2022

Route:
IM

Site:
Left Deltoid

Volume (ml):
0.25ml

**Vaccine Information Statement
version date:**
11/19/2021

**Date Vaccine Information
Statement given to patient:**
04/04/2022

Verifying pharmacist:
Akwo, Kennedy
Signature electronically captured

**Administering immunizer name
and title:**
Akwo, Kennedy, RPh

Vaccine prescriber:
IKENNA NZEOGU

Vaccine prescriber address:
310 THIRD ST NE
NORTON, VA 24273

Store information

Store #:
07947

Rx #:
1075382

Address:
1151 PORT REPUBLIC RD.,
HARRISONBURG, VA 22801

Phone:
(540) 433-2437