



Brooks Pharmacy

Since 1947

COVID VACCINE INFORMATION FORM

Personal Info:

NAME: _____

BIRTHDAY: _____

PHONE (Cell): _____

ADDRESS : _____

EMAIL: _____

DRUG ALLERGIES: _____

Insurance Info:

1) MEDICARE Part B ID: _____

(Red, White, and Blue Card)

If you do not have Medicare, please bring your other insurance card with you to your appointment.