



Joseph P. Ganim
Mayor

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Department of Health & Social Services
Communicable Disease Clinic

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City of Bridgeport
Health Department
Request for Replacement COVID-19 Vaccine Card

Client's Name: _____

Address: _____

City _____ State: _____ Zip Code: _____

Date of Birth: _____ Telephone Number: _____

Type of Vaccine:

Moderna

Pfizer

Janssen

Location of Clinic that administered vaccine: _____

Form of ID accepted: *Please check or circle form of ID that will be verified*

Driver's License

Passport

Government Issued ID

Other photo ID (school, municipal ID)

Client's Signature: _____ Date: _____

Due to an unexpected high demand of calls requests can take 24-48 hours to process and must be picked up in person. We are unable to fax or email and cards or vaccination records. You will be notified when the vaccine card is ready for pick up.

1st notification of card ready: _____

2nd notification of card ready: _____

Staff signature: _____