Serenity Counseling LCSW PLLC 20 Medford Avenue Suite 109 Patchogue, New York 11772 Phone 704-458-3025 fpredarrow1@gmail.com

VACCINATION ATTESTATION

I,	do hereby attest that I am	nereby attest that I am fully COVID-19 vaccinated. I	
received the following CO	VID-19 Vaccination,	on the following	
date/dates			
Client Name	Client Signatur	re Date	