Subject : **Mrs. Jummai Nache and her Family**

Current Medical Status Post Employer Mandated Pfizer modRNA Injections

Mrs. Jummai Nache and devoted husband Philip; learning how to walk stairs on prosthetic limbs. Amputation of her limbs caused by modRNA injection mandated by her former employer, the University of Minnesota (UMinn).

A non-smoker, a non-drinker, a *"model of health"* prior to Pfizer needle; amputations in pictorial review caused by modRNA-induced venous and arterial thromboembolism. Such was not merely foreseeable but a known *"mRNA"* danger, discussed in-detail at the secret FDA meeting of 22 October 2020. That meeting occurred prior to their Emergency Use Authorization (EUA) of 11 December 2020, where the dangers were ignored. **The EUA allowed Pfizer, hospital administrators, university officials, medical doctors, clinicians, nurses, et al. to inject the modRNA poison under the secretive protections of LIABILITY IMMUNITY.**

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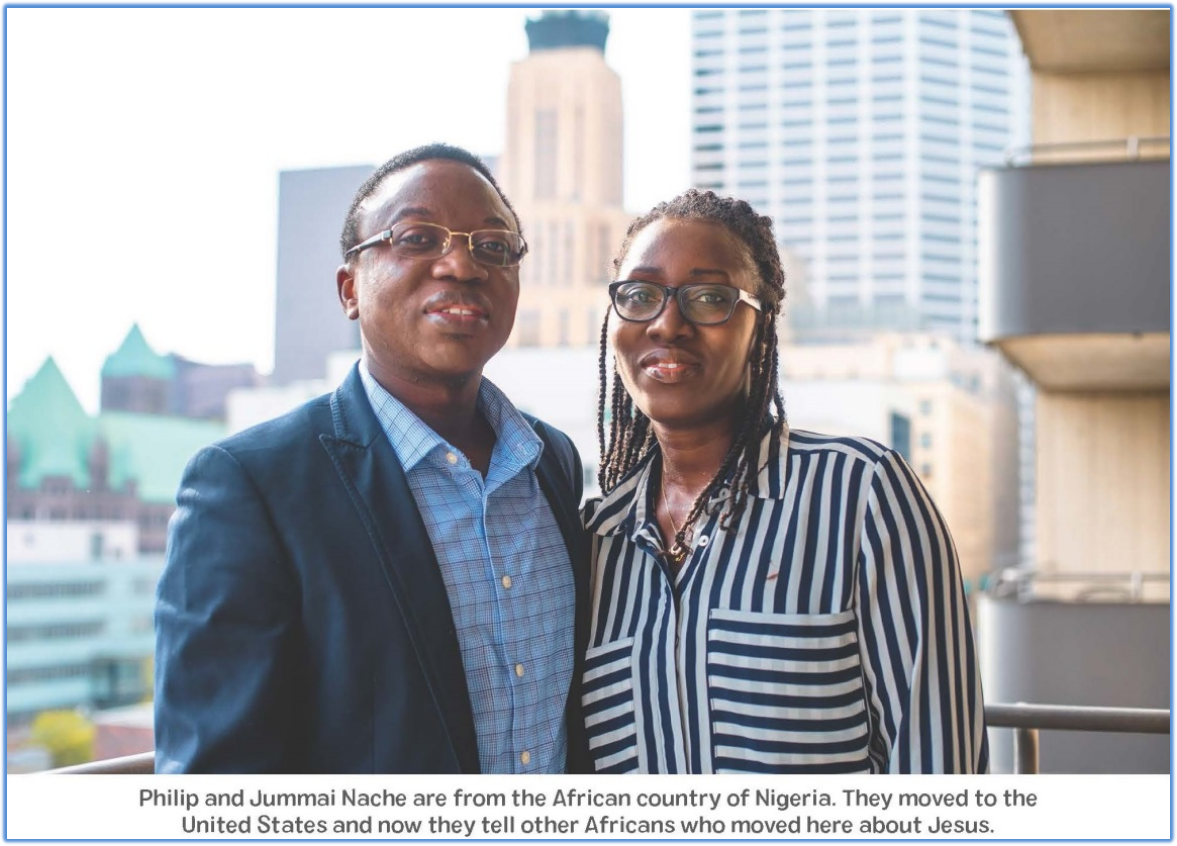

Philip and Jummai Nache are from the African country of Nigeria. They moved to the United States and now they tell other Africans who moved here about Jesus.

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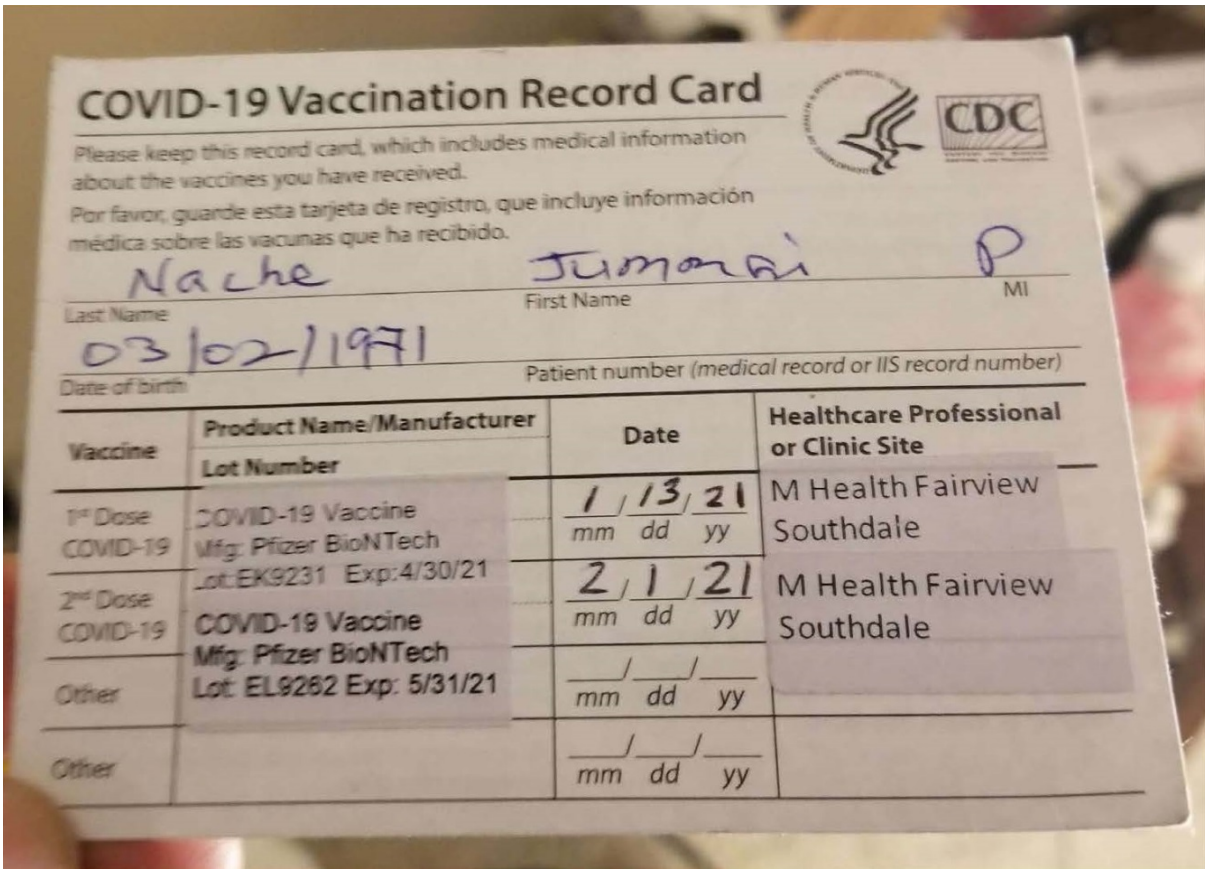


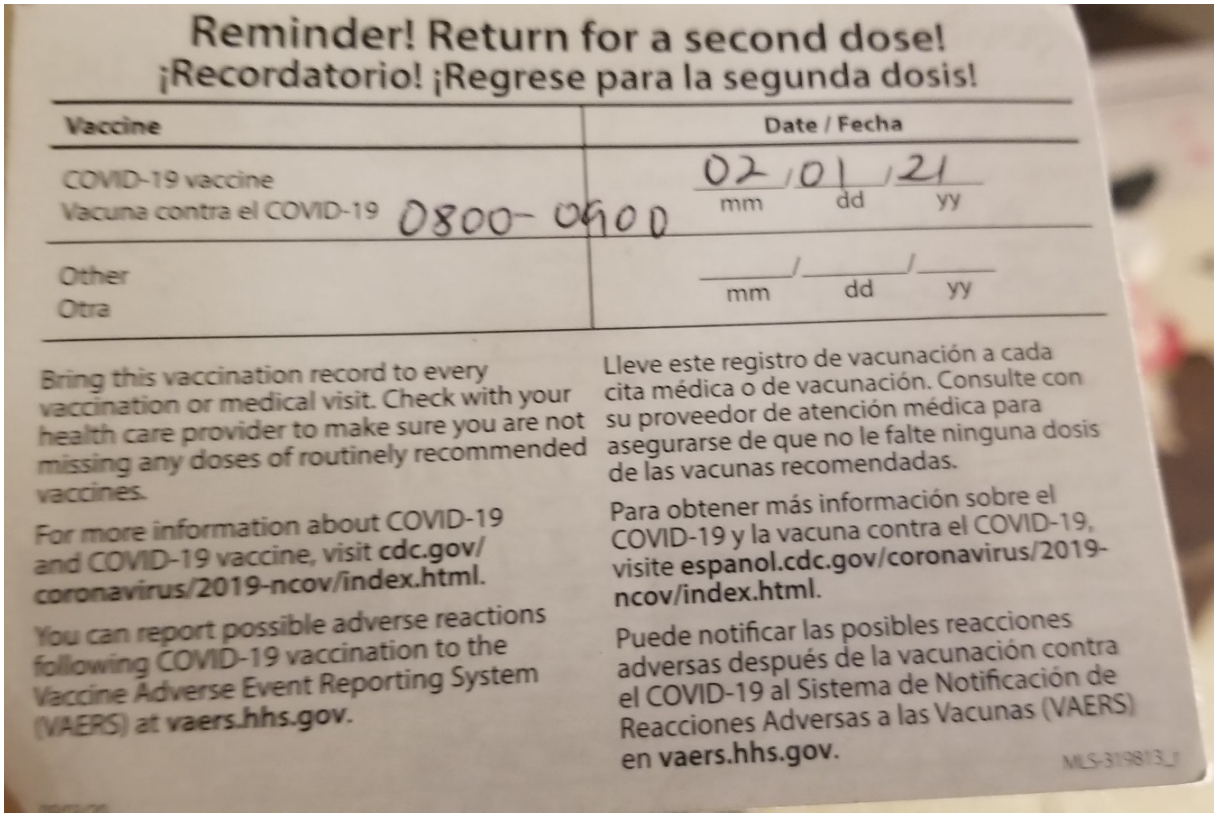
COVID-19 Vaccination Record Card

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.

Nache — Last Name
Jummai — First Name
P — MI
03/02/1971 — Date of birth
Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19	COVID-19 Vaccine Mfg: Pfizer BioNTech Lot:EK9231 Exp:4/30/21	1/13/21 (mm/dd/yy)	M Health Fairview Southdale
2nd Dose COVID-19	COVID-19 Vaccine Mfg: Pfizer BioNTech Lot: EL9262 Exp: 5/31/21	2/1/21 (mm/dd/yy)	M Health Fairview Southdale
Other		___/___/___ (mm/dd/yy)	
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 0800-0900	02/01/21 (mm/dd/yy)
Other Otra	___/___/___ (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**.

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**.

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

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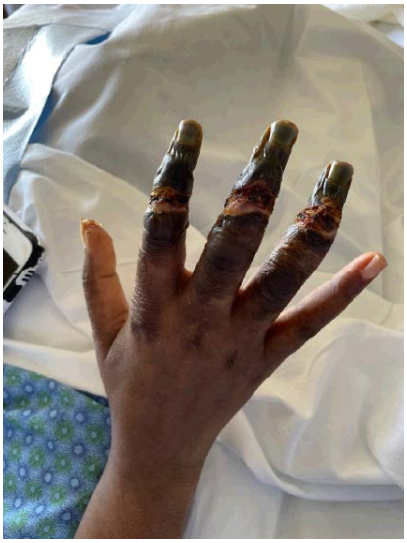

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