

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.



Last Name

Meed Daniel J

First Name

MI

Date of birth

10-21-88

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Pfizer LOT EW-0162 EX.7/21 DATE: 4/15/2021 WA DOH CCF	21 yy	CCF
2 nd Dose COVID-19	Pfizer LOT EW-0183 EX.8/21 Date: 5/8/2021 WA:DOH CCF	yy	
Other		mm dd yy	
Other		mm dd yy	