

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.



Hookland
 Last Name

NORMAN
 First Name

S
 MI

5-1-64
 Date of birth

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	NORMAN S. HOOKLAND DoB: 05/01/1964 Date: 04/21/2021 loc: 705-829 Prod: PFIZER COVID-19 VACCINE Mfr: PFIZER Exp: 07/30/2021 Lot: EW0153 Qty: 0.3ml NDC: 59267-1000-02		
2 nd Dose COVID-19			
Other	NORMAN S. HOOKLAND DoB: 05/01/1964 Date: 05/12/2021 loc: 705-829 Prod: PFIZER COVID-19 VACCINE Mfr: PFIZER Exp: 07/30/2021 Lot: EW0161 Qty: 0.3ml NDC: 59267-1000-02		
Other			