

# 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: Sun First Name: Phy MI: \_\_\_\_\_

Date of birth: 3/18/84 Patient number (medical record or IIS record number): \_\_\_\_\_

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 <sup>st</sup> Dose COVID-19	<u>Pfizer / Fj8762</u> COVID-19 Pfizer-BioNTech	<u>12/23/21</u> mm dd yy	<u>Safeway</u> Safeway 0414 4301 212th St SW MLT WA 98043 425-775-5011
Dose2 0.3ml IM EUA 01/31/22	Lot: <u>FL3198</u> Exp: <u>06/2022</u>	<u>2/8/22</u> mm dd yy	
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	