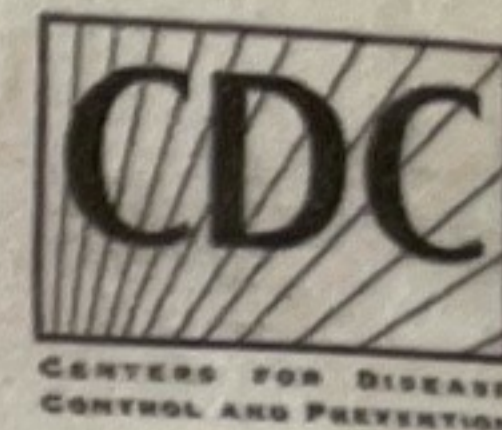


COVID-19 Vaccination Record Card



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.

Cavalle **Michael** **A.**

Last Name

First Name

MI

04-26-1976

Date of birth

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
	Pfizer Lot# EW0175 Site: OCC	4/25/21 mm dd yy	
		____/____/____ mm dd yy	
	Pfizer 516-21 Lot# EW0185 Site: OCC	____/____/____ mm dd yy	
		____/____/____ mm dd yy	