

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: Codde First Name: pawl MI: D
 Date of birth: 11/6/63 Patient number (medical record or IIS record number): _____

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
Pfizer-BioNTech Covid-19 Vaccine Lot: EN6208 Exp: 6/30/2021 Date Administered: <u>3-13-21</u>		<u>3</u> / <u>13</u> / <u>21</u> mm dd yy	HMC <u>[Signature]</u>
Pfizer-BioNTech Covid-19 Vaccine Lot: ER8737 Exp: 7/31/2021 Date Administered: <u>4-3-21</u>		___/___/___ mm dd yy	HMC <u>Fa</u>
Other		___/___/___ mm dd yy	