

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: Craig First Name: Joel MI: MI
 Date of birth: 3/28/1993 Patient number (medical record or IIS record number): _____

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19	Pfizer FF2588	9/7/21 mm dd yy	Walgreens
2 nd Dose COVID-19	Pfizer 30155BA	10/11/21 mm dd yy	Walgreens 6083
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	