

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.

Johnson
Last Name

Jared
First Name

R.
MI

9/13/92
Date of birth

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 COV19 VAC 0.3ML IM EW0173 EXP 08/21	<u>5/17/21</u> mm dd yy	<u>SPC</u>
2 nd Dose COVID-19	<u>PFIZER</u> <u>EW0198</u>	<u>6/30/21</u> mm dd yy	<u>R.A.</u> <u>6493</u>
Other		<u> </u> / <u> </u> / <u> </u> mm dd yy	
Other		<u> </u> / <u> </u> / <u> </u> mm dd yy	