

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: Lawrence First Name: Joshua MI: MI

Date of birth: 5/24/77

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	<u>Pfizer</u> <u>EW0185</u>	<u>6/3/21</u> mm dd yy	Safeway #1619 1109 Yelm Ave E Yelm, WA 98597
COVID-19 (Pfizer-BioNTech) Lot: <u>EW0196</u> Exp: <u>09/30/2021</u> Dose <u>2</u> <u>0.3ml</u> IM EUA: <u>5/21</u>		<u>6/24/21</u> mm dd yy	
Other		____/____/____ mm dd yy	Safeway Pharmacy 05 4700 Yelm Hwy Se La 360-438-0081