

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: mallow First Name: Scott MI: A
 Date of birth: 11/8/1982 Patient number (medical record or IIS record number): _____

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Mfg: Pfizer Lot#: EW0181 Admin Date: 10/16/2021 Site:	____/____/____ dd yy	
2 nd Dose COVID-19	OHSU Pfizer <u>Pfizer</u>	12/18/21 mm dd yy	AD
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	