

At the top of the card, you will receive a text message with a verification code on your smartphone. Click v-safe and click Verify.

Enter your name, mobile number, and other requested information. Click

COVID-19 Vaccination Record Card



Never

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: Pinote First Name: Josephus MI

Date of birth: 3/20/90 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>FG3527</u>	<u>11/9/21</u> mm dd yy	<u>Fred Meyer</u> <u>709</u>
2 nd Dose COVID-19	<u>Pfizer</u> <u>FJ8757</u>	<u>11/30/21</u> mm dd yy	<u>Fred Meyer</u> <u>#209</u>
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	

INFO: 0209 59267100002

OPT: 0209 674 334 1602248