

## 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 Bremmeyer First Name Alexander MI \_\_\_\_\_

Date of birth 6/22/83 Patient number (medical record or IIS record number) \_\_\_\_\_

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19	COVID 19 PFIZER-BIONTECH Lot: FC3184 Dose: 0.3 ml IM Exp: 10/2021 EUA 09/01/21	<u>9/11/21</u> mm dd yy	Safeway #1471 26916 Maple Valley Rd
2 <sup>nd</sup> Dose COVID-19	COVID 19 PFIZER-BIONTECH Lot: 30155BA Dose: 0.3 ml IM Exp: 12/2021 EUA 08/12/21	<u>10/2/21</u> mm dd yy	Safeway #1471 26916 Maple Valley Rd
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	