

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.



PATANGI Last Name AADI First Name MI

Date of birth 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 | PFIZER COVID-19 LOT# EW0168 | 05/19/21 | SAFEWAY # 2856 |
| 2 nd Dose COVID-19 | | | |
| Other | PFIZER COVID-19 LOT# EW0180 | 06/09/21 | SAFEWAY # 2856 |
| Other | | mm / dd / yy | |