

COVID-19 Vaccination Record Card



Please keep this record card, which includes medical information about the vaccines you have received. **HOUSTON HEALTH DEPT.**
 Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Last Name Pitalua First Name Micia MI
5-5-48

Date of birth Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date mm dd yy	Healthcare Professional or Clinic Site
1 st Dose COVID-19	<u>Pfizer</u> <u>1805025</u>	<u>3/10/21</u> mm dd yy	<u>D. Rich</u> <u>Cal</u>
2 nd Dose COVID-19		<u> </u> mm dd yy	
Other	<u>Pfizer</u>	<u>12/6/21</u> mm dd yy	<u>Walgreens</u>
Other	<u>HJ8757</u>	<u> </u> mm dd yy	<u>#11657</u>