

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

ABRAHAM

First Name

ANGELA LAJ

MI

Date of birth

1-28-2006

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	Pfizer EW0217	6/28/21 mm dd yy	Vons 2381
2 nd Dose COVID-19	Brand: Pfizer Lot#: EW0217	Date: 06/28/21	Vons #2688 951-360-1911
Other	Brand: Pfizer Lot#: FJ6369	Date: 1/29/22 mm dd yy	Vons #2688 951-360-1911
Other			