

# 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  
MI: LAJ  
Date of birth: 1-28-2006  
Patient number (medical record or IIS record number):

| Vaccine                          | Product Name/Manufacturer     | Date               | Healthcare Professional<br>or Clinic Site |
|----------------------------------|-------------------------------|--------------------|---|
|                                  | Lot Number                    |                    |   |
| 1 <sup>st</sup> Dose<br>COVID-19 | Pfizer<br>EW0217              | 6/7/21<br>mm dd yy | Vons<br>2381                              |
| 2 <sup>nd</sup> Dose<br>COVID-19 | Brand: Pfizer<br>Lot#: EW0217 | Date: 06/28/21     | Vons #2688<br>951-360-1911                |
| Other                            | Brand: Pfizer<br>Lot#: FJ6369 | Date: 1/29/22      | Vons #2688<br>951-360-1911                |
| Other                            |                               | mm/dd/yy           |   |