

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.

GOMEZ ADAME LIVIER DELSAERARIO

Last Name

First Name

MI

03/05/76

Date of birth

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19	COVID-19 - MFR: PFIZER LOT# ER8736 0.3 ML -- EXP 07/31/2021	04/23/2021	SAFEWAY #2941 (L)
2 nd Dose Pfizer COVID-19 LOT# ER8731 EXP: 07/01/21		05/2021 SAFEWAY # 0985 0.3ML 2 nd DOSE IM	(L) 2 nd DOSE
Other	FK 9896 Pfizer	mm dd yy 1 29 22	Walgreens 5311