

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.



Slim Lopez

Last Name

Melissa

First Name

MI

03/8/85

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 | PFIZER EW 0187 | 6 / 12 / 21 mm dd yy | CVS 10931 |
| 2 nd Dose COVID-19 | PFIZER EW 0181 | 7 / 3 / 21 mm dd yy | CVS 10931 |
| Other | PFIZER FL 3197 | 1 / 4 / 22 mm dd yy | Chapel Pharmacy |
| Other | | mm / dd / yy | |