

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 *Palacios* First Name *Diana Lizeth* MI
2/02/1982

Date of birth

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Pfizer Vo Medical Center EW0191 06/05/2021	/ yy	
2 nd Dose COVID-19	Pfizer Vo Medical Center EW0198 06/26/2021	/ yy	
Other		/ yy	
Other		mm dd	

Pfizer Vo Medical Center
01/14/2022
FJ6369