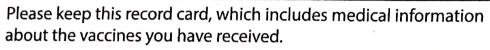
## **COVID-19 Vaccination Record Card**





Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Last Name		First Name	MI
Date of birth	-64	Patient number (med	lical record or IIS record number)
Prod:PFIZ	BECHERELL 75 Date: 05/05/2021 loc: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:	NE	Healthcare Professional or Clinic Site
Mfr:PFIZE Lot:EW0170	R Exp: 08/01	-03 dd yy	Moger 156
2 <sup>nd</sup> Dose COVID-19	EDUARDO . BECHER	/26/2021 1000.034	15 Kroges 156
Other		D-19 VACCINE Exp: 08/31/2( NDC:59267-1000-02	021
Other		$\frac{1}{mm} \frac{1}{dd} \frac{1}{yy}$	