

# 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

Lechuga

First Name

Susana

MI

Date of birth

11/26/71

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19	Pfizer 608196	6/29/21 mm dd yy	VU-CUC 983
2 <sup>nd</sup> Dose COVID-19	Pfizer LOT FC3180 HEB556	8/9/21 mm dd yy	HEB556
Other		mm dd yy	
Other		mm dd yy	