

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.



Rendon Cabrera

Last Name

Erika

First Name

MI

6-13-81

Date of birth

CVS pharmacy

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	Janssen 204 A 21A	5 / 4 / 21 mm dd yy	CVS pharmacy
2 nd Dose COVID-19	Pfizer FD7218	12 / 21 / 21 mm dd yy	CVS 6247
Other		mm / dd / yy	
Other		mm / dd / yy	