

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 Torres First Name Naimeth

MI

Date of birth 10/24/87

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Pfizer EW0178	<u>06</u> / <u>04</u> / <u>2021</u> dd/yy	Vo Medical Center
2 nd Dose COVID-19	Pfizer	<u> </u> / <u> </u> / <u> </u> /yy	Vo Medical Center
Other	EW0198	<u>06</u> / <u>25</u> / <u>2021</u> /	Vo Medical Center
Other	<u> </u>	<u> </u> / <u> </u> / <u> </u> mm	Pfizer FJ6369 Vo Medical Center 01/17/2022