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.

199/SUN Andrew
Last Name First Name MI
08-30-06

Date of birth	n Patie	nt number <i>(m</i>	edical record or IIS record number)
Vaccine	Product Name/Manufacturer	D - 1	Healthcare Professional
vaccine	Lot Number	Date	or Clinic Site

Dose 1 Pfizer COVID-19 Vac Lot= EW0167 05/24/2021 Tom Thumb

Dose 2 Pfizer COVID Vac Lot= EW0202 06/14/2021 Tom Thumb 2580

Other	mm dd yy	
Other	mm dd yy	