

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 Gonzaloqina First Name Nicagia
Middle Name Mi

Date of birth 08-10-93

Patient number (medical record or LIS record number)

MI

| Vaccine | Product Name/Manufacturer Lot Number | Date mm dd yy | Healthcare Professional or Clinic Site |
|----------------------------------|---|---------------------|---|
| 1 st Dose COVID-19 | Pfizer EPR 8735 | 4/18/21 mm dd yy | CVS SALES |
| 2 nd Dose COVID-19 | Pfizer ENV 0176 | 5/19/21 mm dd yy | CVS SALES |
| Other | | 1/1/yy mm dd yy | |
| Other | | 1/1/yy mm dd yy | |