

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.

RAHMATYAL

Last Name

NAQIBULLAH

First Name

MI

Date of birth

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Pfizer EN6201	02/11/21 mm dd yy	Loudoun County Health Department
		Time Given: __ : __ am pm	Wait Time Recommended: __ 15 minute __ 30 minute
2 nd Dose COVID-19	Pfizer	03/17/21 mm dd yy	
	LOT EP7534	Time Given: 12:05 am pm	Wait Time Recommended: <input checked="" type="checkbox"/> 15 minute __ 30 minute
	EXP 7/2021		

Return for a second dose!