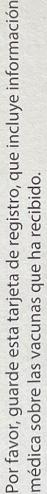
## COVID-19 Vaccination Record Car

Please keep this record card, which includes medical information about the vaccines you have received.



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Da QU First Name Morre Last Name

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Patient number (medical record or IIS record number) 11 18 Date of birth

	Product Name/Manufacturer	Ç	Healthcare Professional
Vaccine	Lot Number	Date	or Clinic Site
1st Dose	PFILER	12/12/30	22/20/20/20
COVID-19	ER 8732	mm dd yy	Lan Long
2 <sup>nd</sup> Dose	1512er	6/19/21	We can am /
COVID-19	FW0181	mm dd yy	) Comments
Other		mm dd yy	
Other		/ / / mm dd yy	

## Recordatorio! Regrese para la segunda dosis! Reminder! Return for a second dose!

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Megmans		Columbia PI //	Sterling VA	20166		
	Date: 0/ M/L vsafe.cdc.	gov			議院が第回	
10101	17/11/0	5/10/21		≅ (	1	
	Date	EUA:		Kout	Dose	
	Mfg Pfizer	ot: EW0181   EUA: 5/10/21		Exp Aug 2021 Route	Jose 0.3 ml Dose:	
	Mfg	Lot:	ı	Exp	Dose	
 Vaccine	COVID-19 va	Vacuna cont	Other	Otra		Bring this vacc

vaccination or medical visit. Check with your health care provider to make sure you are not missing any doses of routinely recommended vaccines.

For more information about COVID-19 and COVID-19 vaccine, visit cdc.gov/coronavirus/2019-ncov/index.html.

You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at vaers.hhs.gov.

cita médica o de vacunación. Consulte con su proveedor de atención médica para asegurarse de que no le falte ninguna dosis de las vacunas recomendadas.

Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19, visite espanol.cdc.gov/coronavirus/2019-ncov/index.html.

Puede notificar las posibles reacciones adversas después de la vacunación contra el COVID-19 al Sistema de Notificación de Reacciones Adversas a las Vacunas (VAERS) en **vaers.hhs.gov**.