

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.

Morro

Last Name

Logan

First Name

MI

11/18/1998

Date of birth

12334240

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Pfizer TR 8732	05/27/21 mm dd yy	PSV KUW
2 nd Dose COVID-19	Pfizer FW0181	6/19/21 mm dd yy	Wegmans / A
Other		/ / mm dd yy	
Other		/ / mm dd yy	

Reminder! Return for a second dose!

¡Recordatorio! ¡Regrese para la segunda dosis!

Vaccine				
COVID-19 vaccine Vacuna contra COVID-19	Mfg Pfizer	Date: 6/19/21	vsafe.cdc.gov	Wegmans 45131 Columbia PI
Other Otra	Lot: EW0181	EUA: 5/10/21		Sterling VA 20166
	Exp Aug 2021	Route IM		
Bring this vaccine to your appointment Lleve esta vacuna a su cita médica	Dose 0.3 ml	Dose: 2		

Bring this vaccine to your appointment. 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](https://www.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.

Bring this vaccine to your appointment. Check with your health care provider to make sure you are not missing any doses of routinely recommended vaccines.

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.