

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
11-80-9000
First Name
Andres
MI
Date of birth
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 9000000000	11/09/21 mm dd yy	MS 000000
2 nd Dose COVID-19		mm dd yy	
Other		mm dd yy	
Other		mm dd yy	