

# Vaccination Record Card

**Name**

Scarlett Olver

**Age**

3

**Batch No.**

362

**Date of Birth**

January 9, 1985

**Gender**

Cras

**Patient ID**

293907

## Vaccination Record

	Date	Dosage	Lot Number	Manufacturer	Location/Site
1st Dose	8/30/2021	2	123	Sinovac	Public School
2nd Dose					
3rd Dose					

Please keep this record card, it includes the medical information, details and the vaccine you have received. This card will show the next schedule of your vaccine. It is important to show this card to the next vaccination schedule for health officials to verify.

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# Vaccination Record Card

**Reminder:**

Please return to your second vaccination schedule.

Please bring this card for your next schedule of vaccines.

Always check with the health workers and verify all information is correct so you won't miss the next dose.

**Date and Time**

Friday, January 22, 1999

**Name of Health Coordinator**

Terencio Kurton

**Location Address**

3578 Arizona Tr, 8 Di Loret  
Irvine, Ca, 92619

Please report to the nearest health workers of any severe reaction after the vaccination.