

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 Sander First Name Chrystal MI

Date of birth 12-25-71 Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19	Pfizer/BioNTech Lot# EP7533 Exp. Date 07/2021	<u>3</u> <u>26</u> <u>21</u> mm dd yy	DPH/QUEENY PARK
2 nd Dose COVID-19	<u>Pfizer</u> <u>EW0164</u> <u>02</u> / <u>21</u>	<u>04</u> <u>16</u> <u>21</u> mm dd yy	DPH <u>Queeny</u>
Other		<u> </u> <u> </u> <u> </u> mm dd yy	
Other		<u> </u> <u> </u> <u> </u> mm dd yy	