

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

Hernandez
1-5-95

First Name

Grilled

MI

Date of birth

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 Pfizer EW0181	06/14/21 mm dd yy	CVS 10570
2 nd Dose COVID-19	Pfizer EW0181	7/5/21 mm dd yy	CVS 10578
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	