## COVID-19 Vaccination Record Card

Por favor, guarde esta tarjeta de registro, que incluye información Please keep this record card, which includes medical information about the vaccines you have received.







¡Recordatorio! ¡Regrese para la segunda dosis! Reminder! Return for a second dose!

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COVID-19 vaccine Vaccine

5 First Name

médica sobre las vacunas que ha recibido.

Date of birth Other Other Vaccine COVID-19 2<sup>nd</sup> Dose COVID-19 1st Dose Lot Number Product Name/Manufacturer 3018580 O Patient number (medical record or IIS record number) mm dd yy mm 3/1 mm dd yyws 8 77 Date dd \$ D Ž aim Harbor Dermatology 197 Woodlands Parkway, Suite 200 or Clinic Site Harbor Palm Marbor, FL 34685 **Healthcare Professional** Dermatology

## Other Vacuna contra el COVID-19

mm

dd

X

mm

dd

Z

Date / Fecha

Bring this vaccination record to every vaccination or medical visit. 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.

You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at vaers.hhs.gov.

Lleve este registro de vacunación a cada cita médica o de vacunación. Consulte con su proveedor de atención médica para asegurarse de que no le falte ninguna dosis de la consulta del la consulta de la de las vacunas recomendadas.

Puede notificar las posibles reacciones ncov/index.html. visite espanol.cdc.gov/coronavirus/2019-Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19,

adversas después de la vacunación contra el COVID-19 al Sistema de Notificación de en vaers.hhs.gov. Reacciones Adversas a las Vacunas (VAERS)

09/03/20

MLS-319813\_r



## IMMUNIZATION CLINIC RECORD CARD

EDWARDS, DONALD MALCOLM 10847 HAMMOCK DR

Phone: (727)560-2025 LARGO, FL 33774-4512

Race: WHITE

**DOB**: 03/26/1964 **SSN**:

Adverse Reaction: N/A

Contraindications: NA

Immunities:

Client's Age Today: 57 yrs/ 10 mos

Form DH 1478 Provided [ ]

Medicaid ID#:
State Immunization ID: 6800307910 Clinic Loc: MIDCOUNTY HEALTH CEN

ANDREALECORPTE, RN

2/14/2022

in Pinellas County 8751 Ulmerton Road Largo, FL 33771 Florida Department of Health

S Date	(7
VIS Recipient	27) 524-4410

ZOSTER (SHINGRIX)	TDAP	TDAP	TDAP	PPSV23	PCV13	HEPA-HEPB	HEPA-HEPB	HEPA-HEPB	HEPA-HEPB	HEPA-HEPB I	HEPA-HEPB	H1N109 UNK	FLU3Y+ P	FLU QUAD P	FLU QUAD PF F	FLU QUAD PF PED F	COVID-19 PFIZER (	COVID-19 PFIZER	COVID-19 PFIZER (	Vaccine Type
ZOSTER 1	TETANUS 1	PERTUSSIS 1	DIPHTHERIA 1	PNEUCON 1	PNEUCON 2	HEP B 3	HEP A 3	HEP B 2	HEP A 2	HEP B 1	HEP A 1	H1N109 1	FLU 1	FLU 1	FLU 1	FLU 0	COVID-19 3	COVID-19 2	COVID-19 1	Antigen/Dose
11/01/2021 SF	02/08/2022 PM	02/08/2022 PM	02/08/2022 PM	12/16/2014 M	08/22/2020 W	12/19/2011 Hi	12/19/2011 Hi	07/18/2011 Hi	07/18/2011 Hi	06/20/2011 Hi	06/20/2011 Hi	11/09/2009 Hi	10/25/2013 SH	11/07/2016 PM	11/01/2021 ID	10/02/2017 Hi	10/08/2021 PFR 30155BA	04/07/2021 PFR ER2613	03/17/2021 PFR EN6205	Date Given Mfg/Lot
SKB 5P9DR	PMC U6969AB	PMC U6969AB	PMC U6969AB	MSD K010522	WAL CM1131	Historic	SKB 45BL3	PMC UT5570AA	IDB K45Z2	Historic	R 30155BA	R ER2613	R EN6205	fg/Lot VFC						
INTEROP	INTEROP	INTEROP	INTEROP	PPUPLOAD	Historic	PPUPLOAD	PPUPLOAD	PPUPLOAD	PPUPLOAD	PPUPLOAD	PPUPLOAD	GREIFF, JEFFREY	PPUPLOAD	PPUPLOAD	INTEROP	PPUPLOAD	INTEROP	INTEROP	INTEROP	Rte/Site Service Provider
z	N 08/06/2021	N 08/06/2021	N 08/06/2021	z	z	Z	z	z	z	z	z	N 10/02/2009 P:DONALD EDWARDS	Z	z	z	z	z	N 12/01/2020	N 12/01/2020	In? VIS Date VIS Recipient
												~								Consent?

Varicella: Disease

Revised: 10/21

**DH687** 

[ ] Parental Recall

Date Printed: 02/14/2022

[ ] Physician Documentation