

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 ZAMI First Name FARZAD MI
Date of birth 12/23/1982 Patient number (medical record or IIS record number) 3294920

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19	<u>Pfizer</u> <u>EX8735</u>	<u>4/19/21</u> mm dd yy	<u>FEMA</u>
2 nd Dose COVID-19	<u>Pfizer</u> <u>EW0168</u>	<u>05/10/21</u> mm dd yy	<u>FEMA</u>
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	