

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 Lansang First Name Hawke MI
Date of birth 11/22/97 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	<u>Pfizer</u> <u>FC3183</u>	<u>9</u> / <u>21</u> / <u>21</u> mm dd yy	<u>Rite Aid</u>
2 nd Dose COVID-19	<u>Pfizer</u> <u>FF2588</u>	<u>10</u> / <u>12</u> / <u>21</u> mm dd yy	<u>Rite Aid</u>
Other		<u> </u> / <u> </u> / <u> </u> mm dd yy	
Other		<u> </u> / <u> </u> / <u> </u> mm dd yy	