

the vaccines you have received.
Por favor, guarde esta tarjeta de registro, que incluye información
médica sobre las vacunas que ha recibido.

RIVAS DE ROSSI
Last Name
First Name
Emilio

7/18/89
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 FC3182	8/20/21 mm dd yy	Walgreens 1487
2 nd Dose COVID-19	Pfizer FF2588	09/01/21 mm dd yy	Walgreens 1487
Other		mm dd yy	