

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.



Craxagarni Last Name Eva First Name MI

06-25-1969 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	<u>Pfizer</u> <u>E40584</u>	<u>07/22/21</u> mm dd yy	<u>CVS 9868</u>
2 nd Dose COVID-19	<u>Pfizer</u> <u>PA7485</u>	<u>08/12/21</u> mm dd yy	<u>CVS 9868</u>
Other	<u>Pfizer 33036BD</u>	<u>02/01/22</u> mm dd yy	<u>CVS 9868</u>
Other		<u> </u> / <u> </u> / <u> </u> mm dd yy	