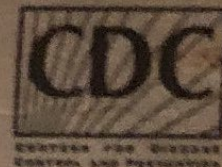


# COVID-19 Vaccination Record Card



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.

Karkar

Michael

Last Name

First Name

MI

9-4-02

326293711

Date of birth

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 <sup>st</sup> Dose COVID-19	Pfizer	FEB 25 2021	UH-WON
2 <sup>nd</sup> Dose COVID-19	Pfizer	3/18/21	UH WON
Other		mm/dd/yy	
Other		mm/dd/yy	