



Vaccination Card

COVID-19

NAME

KATHERINE FOSTER

VACCINE

Multiple

DOSE

4/5/21

DOSE

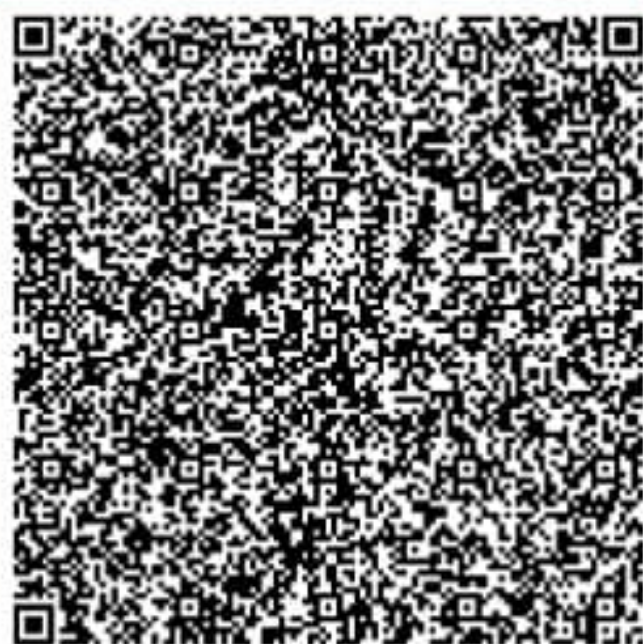
4/26/21

DOSE

12/19/21

ISSUED BY

CT Department of Public Health



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.

Foster

Katherine

Last Name

First Name

MI

June 8, 2000

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	COVID/PFIZER ER8734 7/21	4 / 5 / 21 mm dd yy	CUS 1109
2 nd Dose COVID-19	Pfizer E110169	4 / 26 / 21 mm dd yy	CHC
Other	Moderna 067H21A	12 / 14 / 21 mm dd yy	CUS
Other		/ / mm dd yy	