## **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.

Other

médica sob	re las vacunas que ha recibido.		
Ha	indal	Luciano	
· ·		rst Name	MI
05/	20/1998		
Date of birth	Pa	atient number (med	ical record or IIS record number)
Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19	Pfizer ER8727	03 /25 /21 mm dd yy	CNZ
2 <sup>nd</sup> Dose COVID-19		mm dd yy	
Other		mm dd yy	
Other		mm dd yy	
about the va Por favor, gu	this record card, which includes m ccines you have received. arde esta tarjeta de registro, que i e las vacunas que ha recibido.	ncluye informació	Tonianana tan manananananananananananananananananan
HUNDIUI		LUCI	and
Last Name () 2-20-		st Name	MI
Date of birth		tient number ( <i>medi</i> e	cal record or IIS record number)
Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19	>	mm dd vv	
2 <sup>nd</sup> Dose COVID-19	Pfizer ER8731	04/15/21	CVS #8657
Other		mm dd yy	

mm dd

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