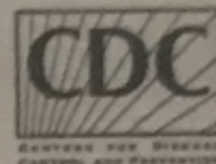
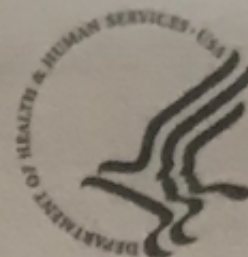


# COVID-19 Vaccination Record Card



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.

Barva, Nirvik

Last Name

First Name

MI

7/27/2001

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 ENV0205	3/3/21 mm dd yy	SHVC/JR
2 <sup>nd</sup> Dose COVID-19	PFIZER EK6737	4/2/21 mm dd yy	SHVC
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	