

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.

Hendricks

William

Last Name

First Name

MI

12/27/1980

Date of birth

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Pfizer EW0153	<i>04/18/2021</i> mm dd yy	<i>Ingles #177</i>
2 nd Dose COVID-19	Pfizer ER8736	<i>5/10/21</i> mm dd yy	<i>Ingles #177</i>
Other		mm / dd / yy	
Other		mm / dd / yy	