

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.

Ricks

Karen

Last Name

First Name

MI

5/16/1970

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	Pfizer EL3302	01/29/21 mm dd yy	Stonecrest SPDC
2 nd Dose COVID-19	Pfizer EL3302	2/26/21 mm dd yy	DCBOH Stonecrest
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	