

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.

Last Name Jewart First Name Mark MI M

Date of birth 05/18/1966 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-Bio Tech COVID-19 Vaccine Lot #EN6202 exp 06/30/2021	<u>5</u> / <u>1</u> / <u>21</u> mm dd yy	Creek Co. Health D.
2 nd Dose COVID-19	<u>Pfizer</u>	<u>3</u> / <u>22</u> / <u>21</u> mm dd yy	CVS
Other	<u>3rd Pfizer 372589</u>	<u>10</u> / <u>4</u> / <u>21</u> mm dd yy	CVS 2324
Other		<u> </u> / <u> </u> / <u> </u> mm dd yy	