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.

Hart — Last Name
Lisa — First Name
A — MI

09/16/1968 — Date of birth

Patient number *(medical record or IIS record number)*

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19	Pfizer EL9262	01/21/21 (mm dd yy)	PHMDC AEC
2nd Dose COVID-19	Pfizer COVID-19 Vaccine Lot: EN6200	02/17/21 (mm dd yy)	PHMDC-AEC
Other		___/___/___ (mm dd yy)	
Other		___/___/___ (mm dd yy)	