

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: POWERS First Name: EMILY MI: S
 Date of birth: 05/02/1992 Patient number (medical record or IIS record number): EMILYPOWERS92@GMAIL.COM

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	PFIZER Lot: EN6201 Ex: 6/30/21	2/2/21 mm dd yy	UKHC <i>AM</i>
2 nd Dose COVID-19	PFIZER EN6208 6/30/21	3/17/21 mm dd yy	<i>Calligekuk</i>
Other		mm / dd / yy	
Other		mm / dd / yy	