

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.



Kirk

Rachel

Last Name

First Name

MI

5/4/92

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 BioNTech ER8730	3 / 24 / 21 mm dd yy	Walmart 1740
2 nd Dose COVID-19	Pfizer BioNTech ER8731	4 / 14 / 21 mm dd yy	Walmart 1740
Other		___ / ___ / ___ mm dd yy	
Other		___ / ___ / ___ mm dd yy	