

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: Anderson First Name: Ryan MI: MI
 Date of birth: 07/06/1979 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	COVID-19 Pfizer-BioNTech/EP7533	03/24/21	Meijer 192
2 nd Dose COVID-19	COVID-19 Pfizer-BioNTech/ER8735	04/14/21	Meijer 192
Other		mm / dd / yy	
Other		mm / dd / yy	