

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.

Campbell Last Name Thomas First Name MI

12/12/89 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 | <u>EP 6955</u> <u>PFIZER</u> | <u>3/16/21</u> mm dd yy | <u>AA/MRC</u> |
| 2 nd Dose COVID-19 | <u>PFIZER</u> <u>ER8737</u> | <u>04/07/21</u> mm dd yy | <u>VPH AA MC</u> |
| Other | | ___/___/___ mm dd yy | |
| Other | | ___/___/___ mm dd yy | |