

# 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.

**CARTEE** Last Name      **KEVIN** First Name      **M** MI  
**02/12/1976** Date of birth      Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 <sup>st</sup> Dose COVID-19	<i>Sizer</i>	<u>03</u> / <u>10</u> / <u>21</u> mm dd yy	Augusta University Medical Center
2 <sup>nd</sup> Dose COVID-19	<b>Pfizer</b> Lot: EN6207    Exp: 7/31/21	<u>3</u> <u>31</u> / <u>21</u> dd yy	<b>AUMC</b>
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	