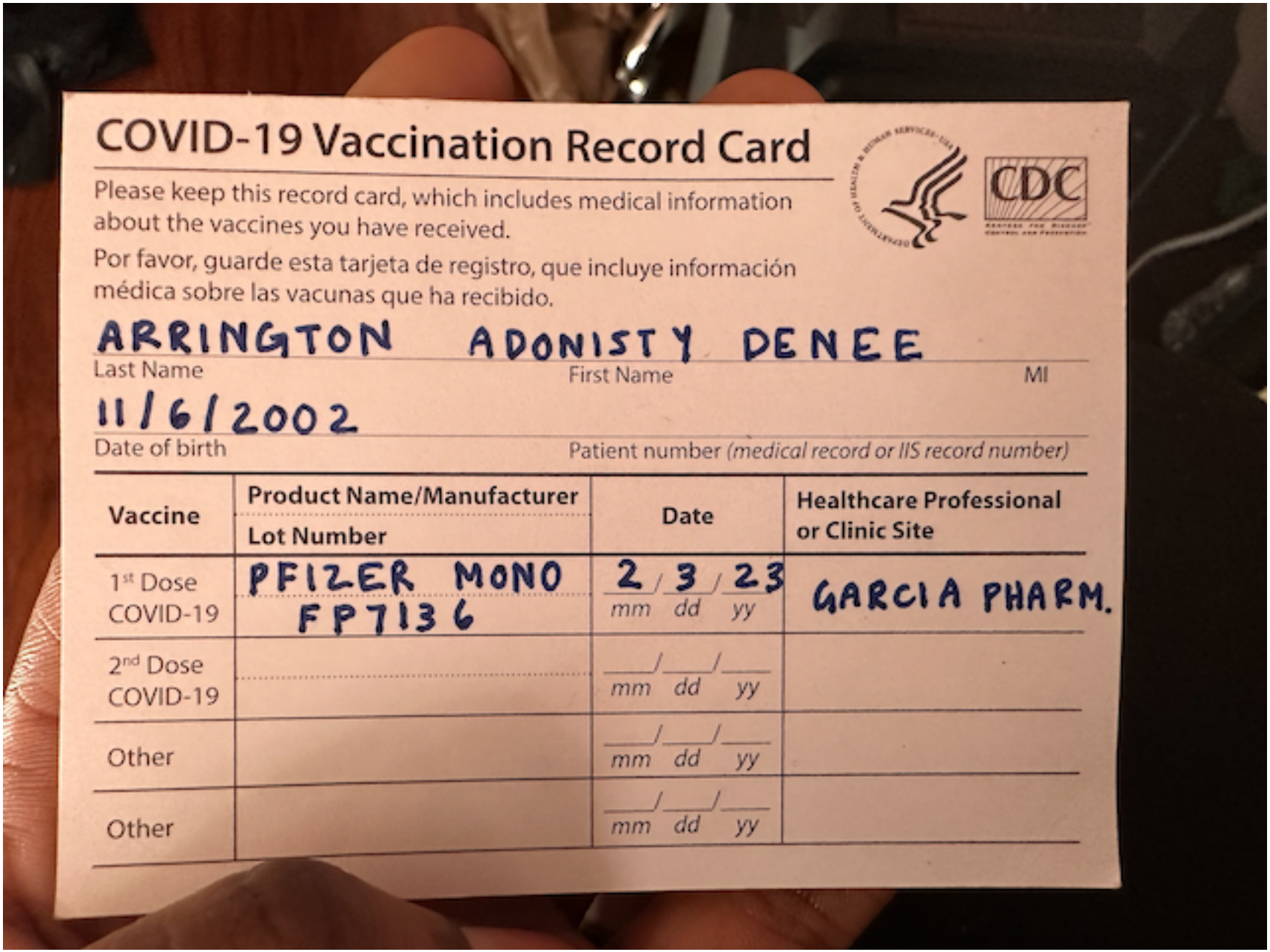

# COVID-19 Vaccination Record Card

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.

ARRINGTON ADONISTY DENEE

Last Name First Name MI

11/6/2002

Date of birth Patient number *(medical record or IIS record number)*

| Vaccine | Product Name/Manufacturer<br>Lot Number | Date | Healthcare Professional or Clinic Site |
|---|---|---|---|
| 1st Dose COVID-19 | PFIZER MONO<br>FP7136 | 2/3/23<br>mm dd yy | GARCIA PHARM. |
| 2nd Dose COVID-19 | | __/__/__<br>mm dd yy | |
| Other | | __/__/__<br>mm dd yy | |
| Other | | __/__/__<br>mm dd yy | |