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.

CDC

Velez — Last Name

Nico — First Name

H. — MI

8/18/2003 — Date of birth

Patient number (*medical record or IIS record number*)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19	Pfizer BioNTech EP6955	3/29/21 mm dd yy	GUAM DPHSS PA.VAN
2nd Dose COVID-19	Pfizer Lot #: ER8729 Exp. Date: 07/2021	04/20/21 mm dd yy	V06 Guam J6
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	