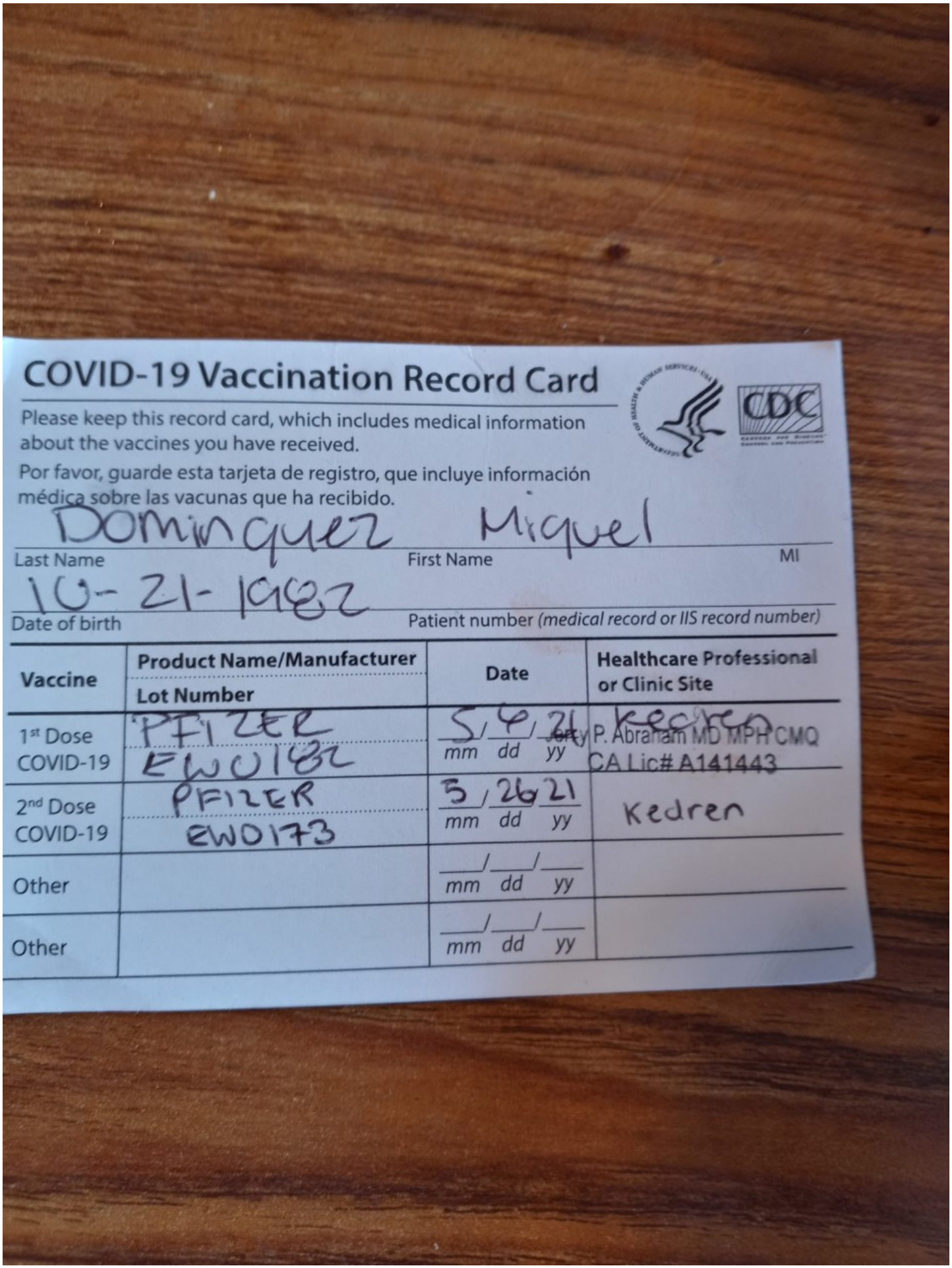

COVID-19 Vaccination Record Card

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.

Dominguez Miguel

Last Name First Name MI

10-21-1982

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 EW0182	5/4/21 mm dd yy	Kedren P. Abraham MD MPH CMQ CA Lic# A141443
2nd Dose COVID-19	PFIZER EW0173	5/26/21 mm dd yy	Kedren
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	