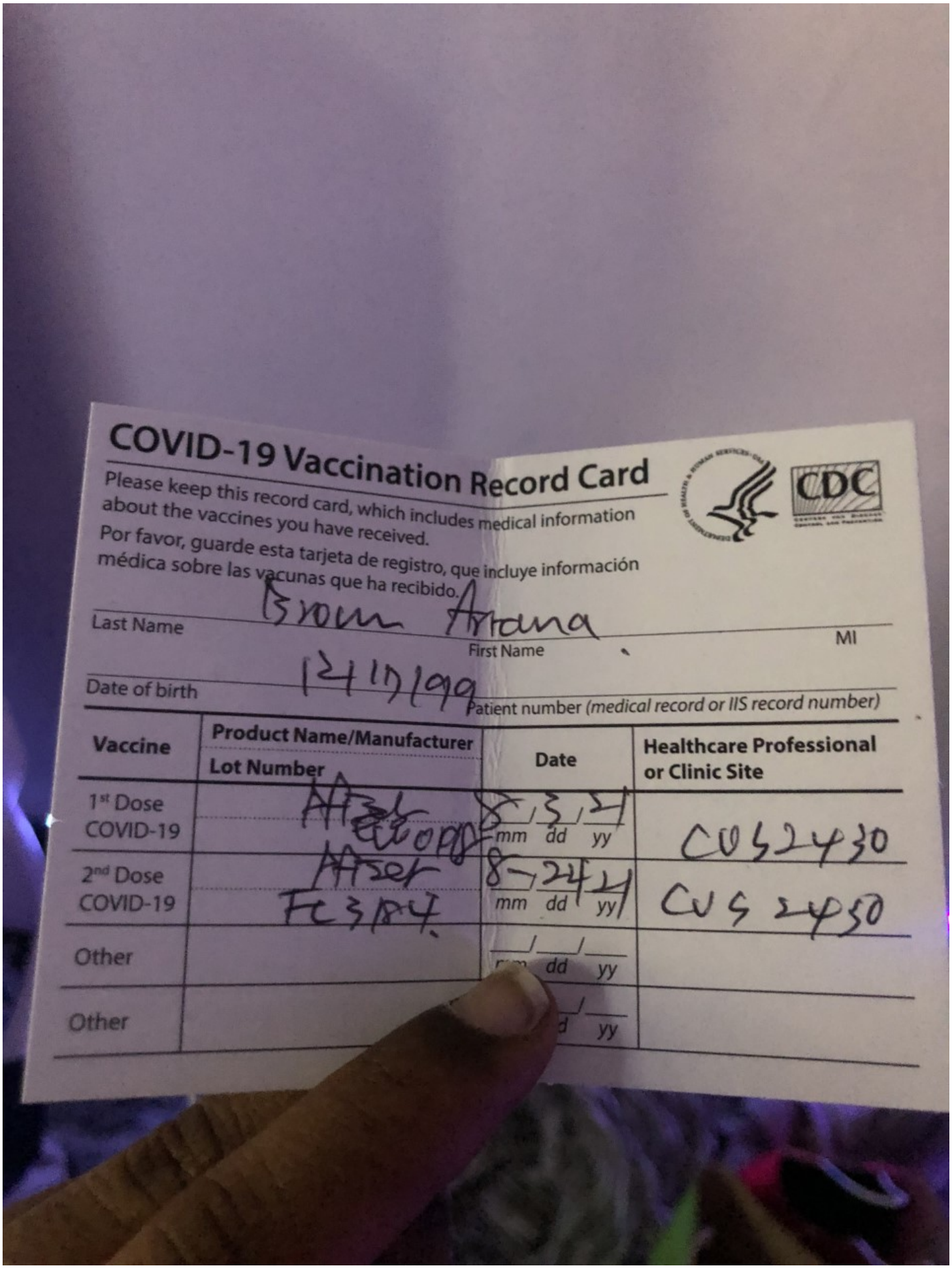

COVID-19 Vaccination Record Card

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.

Last Name: Brown First Name: Ariana MI:

Date of birth: 12/17/99 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	8/3/21 mm dd yy	CVS 2430
2nd Dose COVID-19	Pfizer FC3184	8/24/21 mm dd yy	CVS 2430
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	