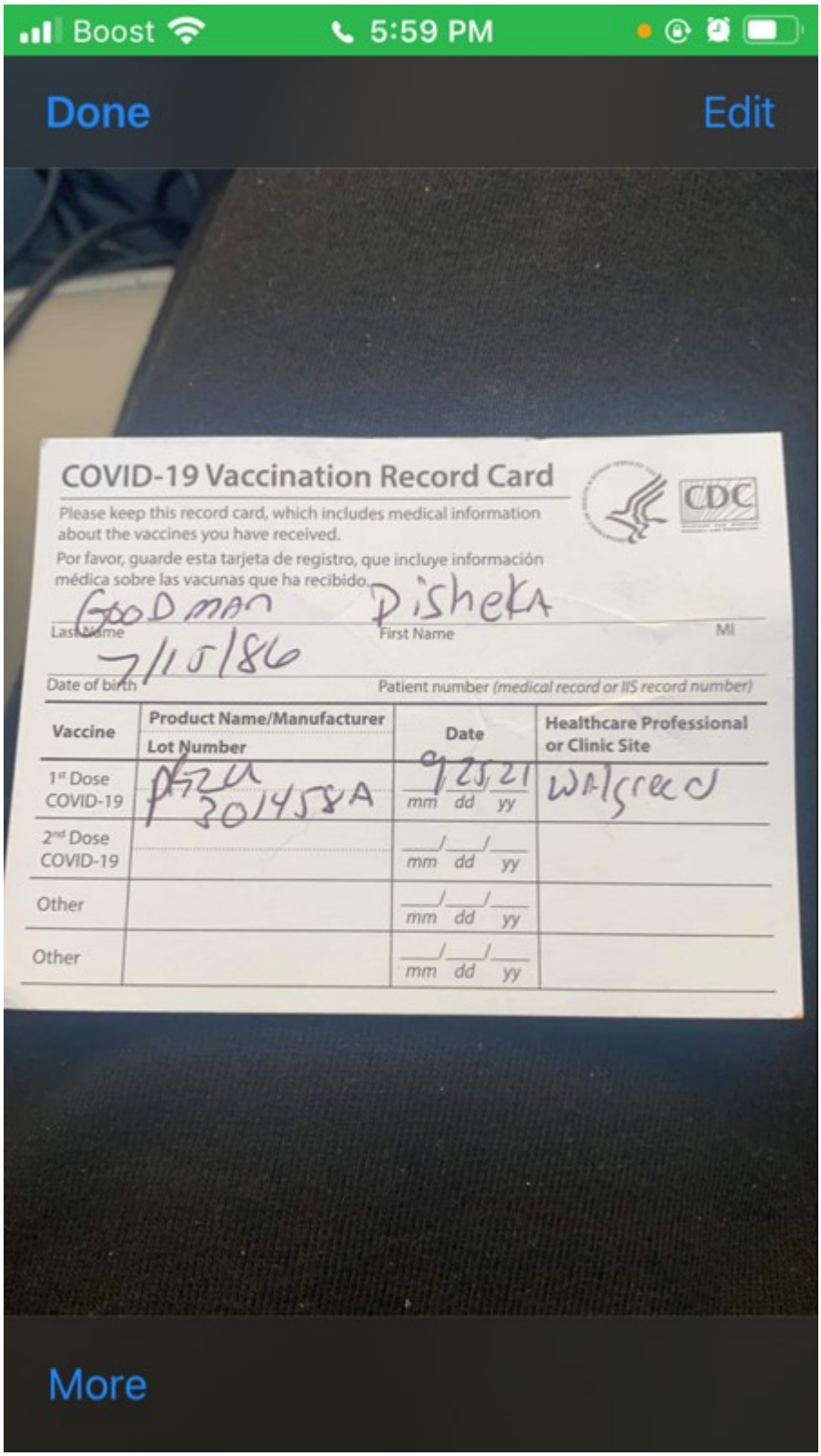
Boost
5:59 PM
Done
Edit
COVID-19 Vaccination Record Card
Please keep this record card, which includes medical information about the vaccines you have received.
Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.
GOODMAN
DISHEKA
Last Name
First Name
MI
7/15/86
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 30145SA
9/25/21
WALGREENS
2nd Dose COVID-19
Other
Other
mm dd yy
More