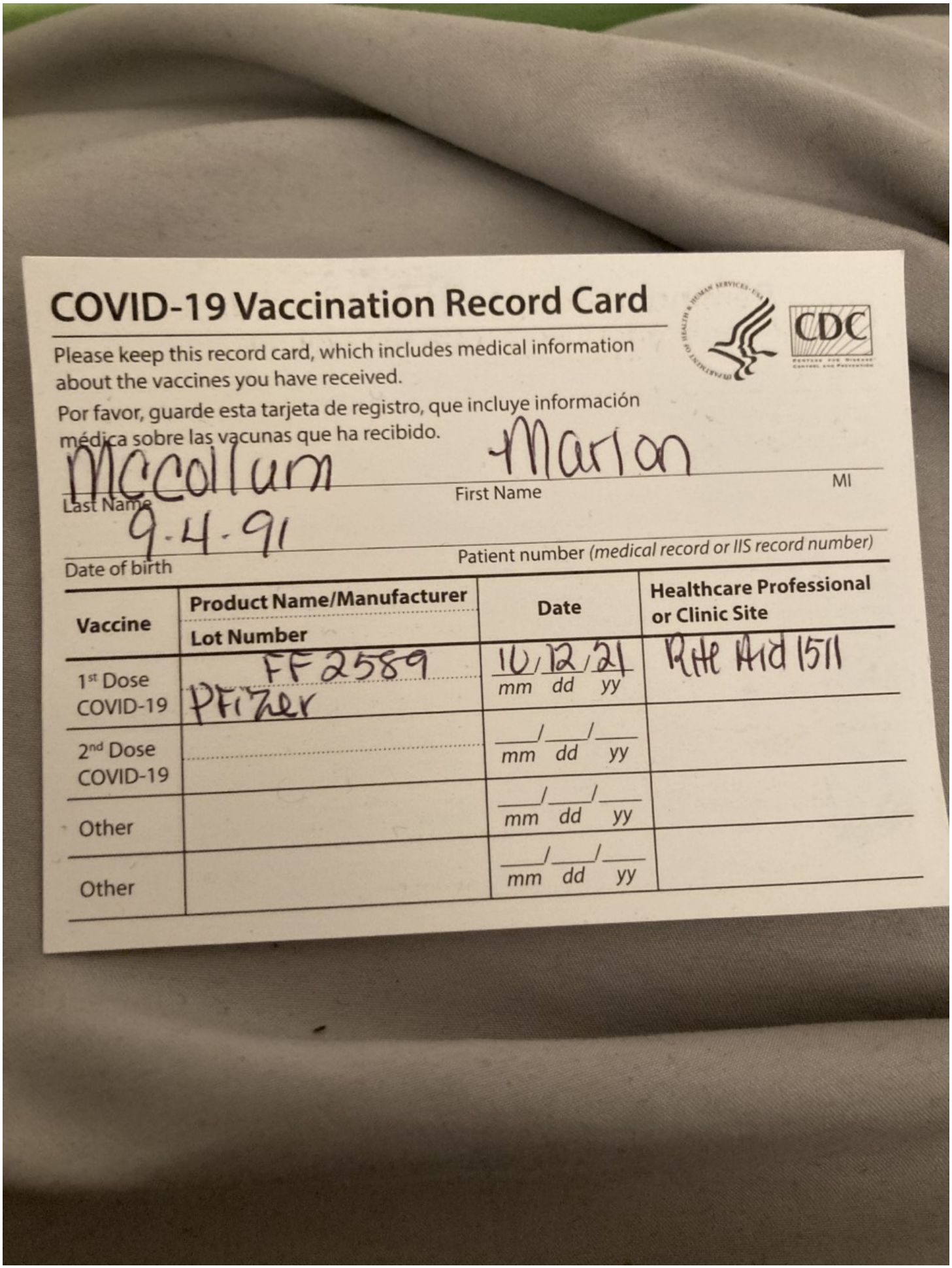

COVID-19 Vaccination Record Card

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: Mccollum

First Name: Marion

MI

Date of birth: 9.4.91

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 FF2589	10/12/21 mm dd yy	Rite Aid 1511
2nd Dose COVID-19		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	