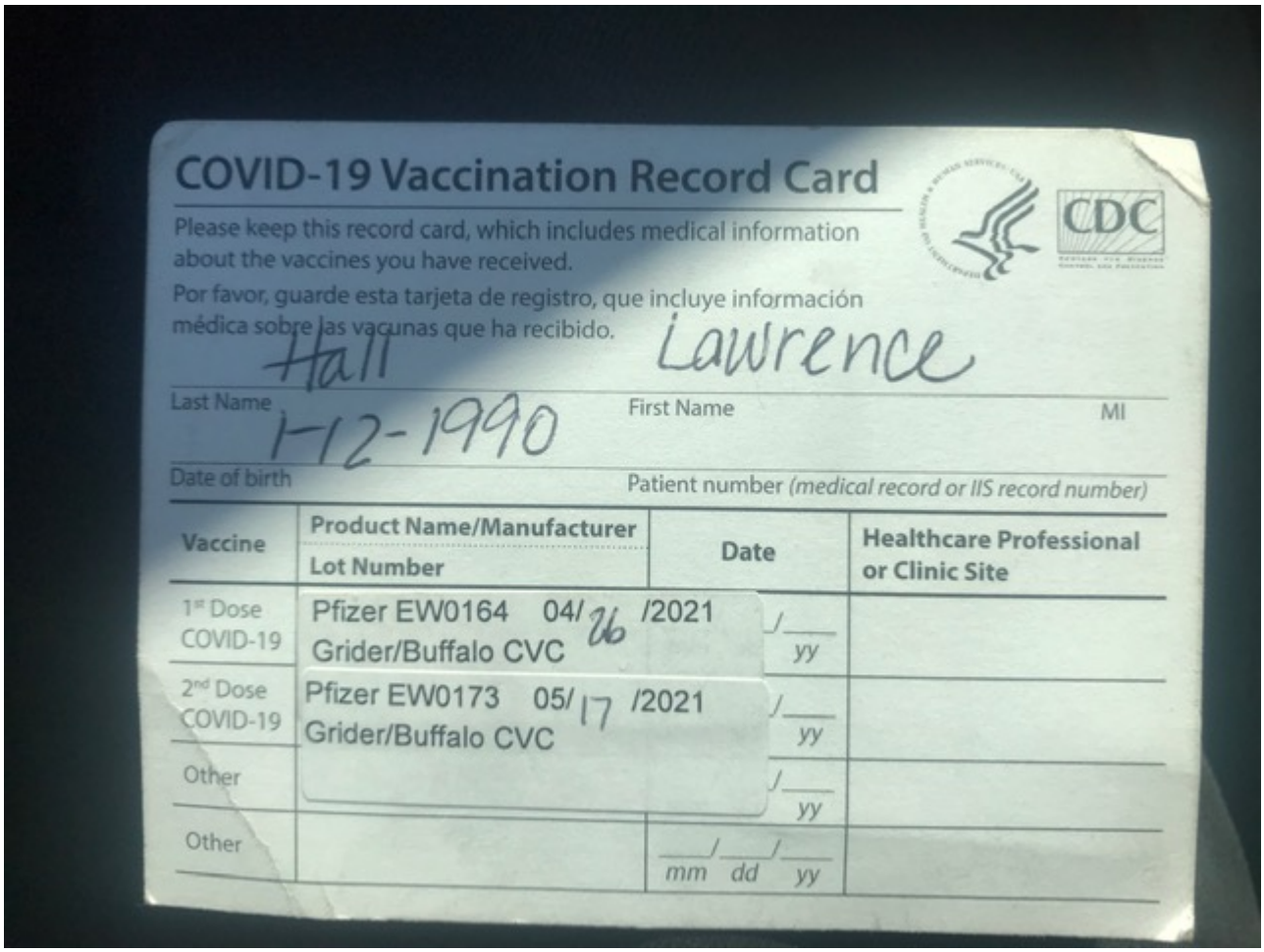

COVID-19 Vaccination Record Card

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.

Hall — Last Name

Lawrence — First Name — MI

1-12-1990 — 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 EW0164 04/26/2021 Grider/Buffalo CVC	__/__/__ mm dd yy	
2nd Dose COVID-19	Pfizer EW0173 05/17/2021 Grider/Buffalo CVC	__/__/__ mm dd yy	
Other		__/__/__ mm dd yy	
Other		__/__/__ mm dd yy	