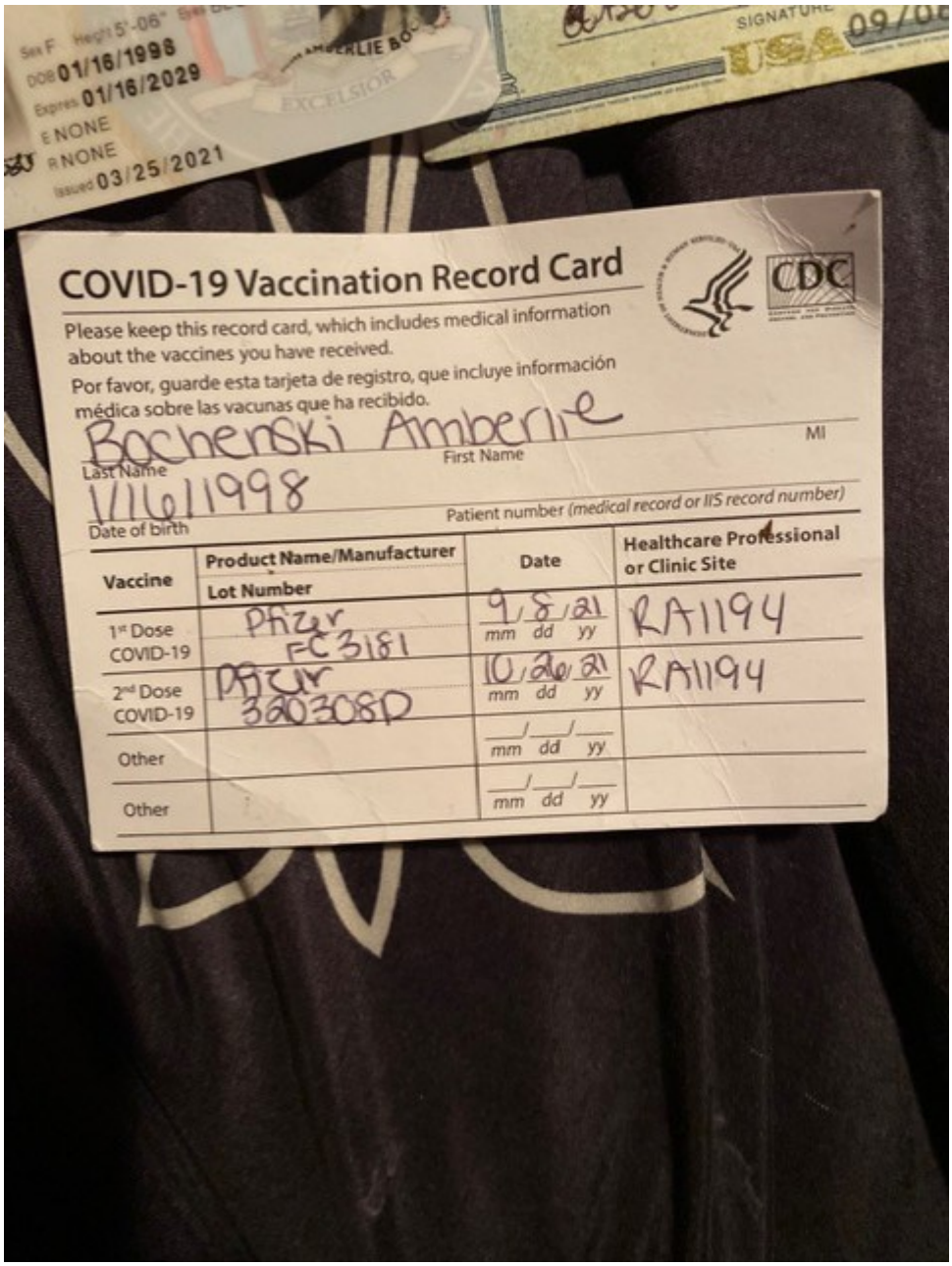
Sex F Height 5'-06"
DOB 01/16/1998
Expires 01/16/2029
E NONE
R NONE
Issued 03/25/2021
SIGNATURE
USA
COVID-19 Vaccination Record Card
CDC
Please keep this record card, which includes medical information about the vaccines you have received.
Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.
Bochenski Amberlie
Last Name
First Name
MI
1/16/1998
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
FC3181
9/8/21
RA1194
2nd Dose COVID-19
Pfizer
320308D
10/26/21
RA1194
Other
Other
mm dd yy