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.

Cundiff, Tiffani

Last Name First Name MI

5/3/88

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 FC3182	9/10/21 mm dd yy	Walgreens
2nd Dose COVID-19	Pfizer FF8839	10/2/21 mm dd yy	Walgreens
Other		__/__/__ mm dd yy	
Other		__/__/__ mm dd yy	