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.

Peterson (Last Name) | Tasha (First Name) | T (MI)

04/18/71 (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 ER8737 exp 7/2021	4/6/21 mm dd yy	Giant 159
2nd Dose COVID-19		__/__/__ mm dd yy	
Other	PFIZER ER8735 exp 7/2021	4/27/21 mm dd yy	Giant 159
Other		__/__/__ mm dd yy	