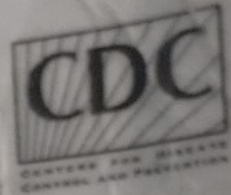


COVID-19 Vaccination Record Card

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 _____ First Name _____ MI _____
Patient number (medical record or IIS record number) _____
Date of birth _____

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19	KUANG YOUN DoB: 09/23/1993 Date: 05/24/2021 Loc: 703-093 Prod: PFIZER COVID-19 VACCINE Mfr: PFIZER Exp: 08/31/2021		Ralphs 99
2 nd Dose COVID-19	Lot: EW0165 Qty: 0.3ml NDC: 51207-1700-02		
Other	KUANG YOUN DoB: 09/23/1993 Date: 06/14/2021 Loc: 703-093 Prod: PFIZER COVID-19 VACCINE Mfr: PFIZER Exp: 08/31/2021		
Other	Lot: EW7387 Qty: 0.3ml NDC: 51207-1700-02		