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

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	KWANG YOON DoB:09/23/1993 Da[illegible]:05/24/2021 Loc:703-[illegible] Prod:PFIZER COVID-19 VACCINE Mfr:PFIZER Exp 08/31/2021 Lot:EW0165 Qty:[illegible] 3ml NDC [illegible]-1[illegible]-02		Ralph1899
2nd Dose COVID-19			
Other	KWANG YOON DoB:09/23/1993 Da[illegible]:06/14/2021 Loc:703-09[illegible] Prod:PFIZER COVID-19 VACCINE Mfr:PFIZER Exp 08/[illegible]1/20[illegible] Lot:EW[illegible]7 Qty:[illegible] 3ml NDC [illegible]		
Other			