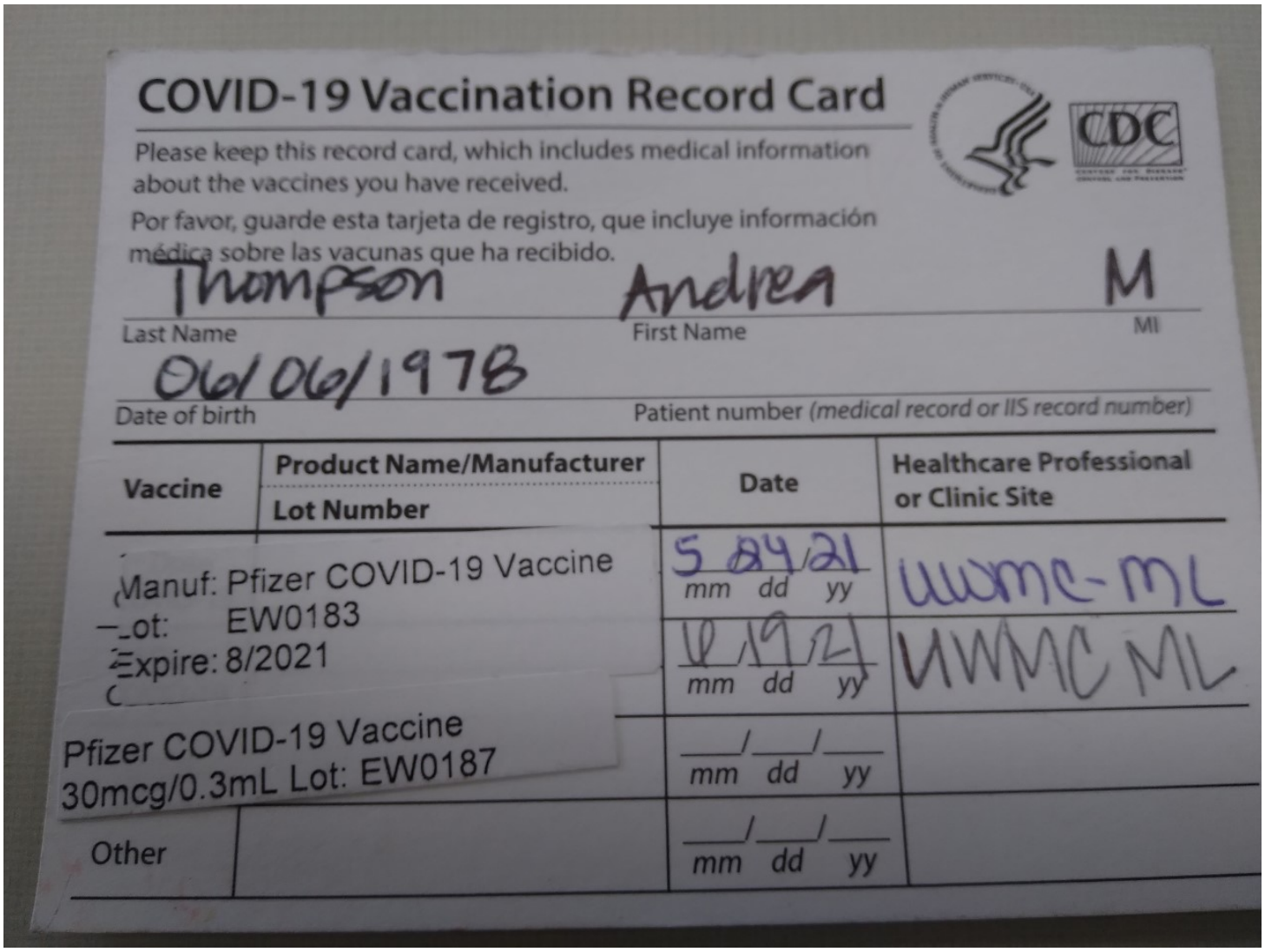

COVID-19 Vaccination Record Card

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.

Thompson — Last Name
Andrea — First Name
M — MI
06/06/1978 — Date of birth
Patient number (*medical record or IIS record number*)

Vaccine	Product Name/Manufacturer / Lot Number	Date	Healthcare Professional or Clinic Site
	Manuf: Pfizer COVID-19 Vaccine Lot: EW0183 Expire: 8/2021	5/24/21 (mm dd yy)	UUMC-ML
		6/19/21 (mm dd yy)	UMMC ML
	Pfizer COVID-19 Vaccine 30mcg/0.3mL Lot: EW0187	___/___/___ (mm dd yy)	
Other		___/___/___ (mm dd yy)	