

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.



ZAMORA BRAVO, NALLELY
DOB: 04/28/1997
MRN: 100875478

Name _____ MI

Record number (medical record or IIS record number) _____

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	PFIZER COVID-19 VACCINE LOT# EP6955 EXP: 06/2021	03-26-21 OVMC	
2 nd Dose COVID-19	PFIZER COVID-19 VACCINE LOT# EW0161 EXP: 7/2021	4/14/21 OVMC	
Other	Pfizer	12/28/21	CVS
Other	3303080	____/____/____	

