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
Leibovitz	Forrest	

Date of birth: 3/30/66

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 FF2569	10/18/21 mm dd yy	Rite Aid
2nd Dose COVID-19	PFIZER FH8028	11/8/21 mm dd yy	Rite Aid 4004
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	