

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 Miller First Name Lilia MI _____

Date of birth 10/21/2003 Patient number (medical record or IIS record number) _____

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	<u>Pfizer</u> <u>Lot # FKS127</u>	<u>11</u> / <u>08</u> / <u>21</u> mm dd yy	<u>Pediatric Assoc</u> <u>of NYC</u>
2 nd Dose COVID-19	<u>Pfizer</u> <u>Lot # FKS127</u>	<u>12</u> / <u>2</u> / <u>21</u> mm dd yy	<u>Pediatric Associates</u> <u>of NYC</u>
Other	<u>Pfizer Ped. Booster</u> <u>Lot # L8095</u>	<u>06</u> / <u>18</u> / <u>22</u> mm dd yy	<u>Noergard</u>
Other		mm / dd / yy	