

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: Caizza First Name: Isabella MI: _____
 Date of birth: 09/08/2013 Patient number (medical record or IIS record number): DIZGIOY

Vaccine	Product Name/Manufacturer		Date	Healthcare Professional or Clinic Site
	Lot Number			
1 st Dose COVID-19		Pfizer CV19 Lot FK5127 01/31/2022	<u>11/05/21</u> mm dd yy	<u>DOH-BCM</u>
2 nd Dose COVID-19		<u>Pfizer CV19</u> <u>LOT FK5127 exp 1/31/22</u>	<u>11/28/21</u> mm dd yy	<u>DOH-CityPoint</u>
Other			____/____/____ mm dd yy	
Other			____/____/____ mm dd yy	