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.

Fischer-Harbage
Last Name

Jane
First Name

MI

2/20/2009
Date of birth

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 EW0175	5/14/21 mm dd yy	St Nicks Alliance
2nd Dose COVID-19	Pfizer EW0161	6/4/21 mm dd yy	Accpsure @ SNA
Other		__/__/__ mm dd yy	
Other		__/__/__ mm dd yy	