

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.



Amiri-Mendelsohn Mina

Last Name

First Name

MI

04/13/2013

D12HG02

Date of birth

*Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19	PFIZER FK5127	11/10/21 mm dd yy	PS 321 L.L. RN
2 nd Dose COVID-19	Pfizer CV19 Lot FK5618 02/28/2022	12/1/21 mm dd yy	Citypoint
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	