

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: **IYER, ANJALI** DOB: **10/29/13** MI: _____

Date: _____ (record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Pfizer Pediatric FK5127	1/11/22 mm dd yy	Neergood Pharmacy
2 nd Dose COVID-19	Pfizer Pediatric FL0007	2/1/22 mm dd yy	Neergood Pharmacy
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	