

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 **DAMON** First Name **Kyle** MI **W**

Date of birth **5/17/1986** Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose		mm / dd / yy	
2 nd Dose		mm / dd / yy	
3 rd Dose		mm / dd / yy	
4 th Dose		mm / dd / yy	
5 th Dose		mm / dd / yy	
6 th Dose		mm / dd / yy	
7 th Dose		mm / dd / yy	
8 th Dose		mm / dd / yy	
9 th Dose		mm / dd / yy	
10 th Dose		mm / dd / yy	

Date Vaccine Given: **04/03/2021**

Pfizer COVID-19 Vaccine 0.3 mL

Lot# **ER8737** Exp: **7/31/2021**

KYLE . DAMON

DoB: **05/17/1986** Date: **10/28/2021** loc: **701-179**

Prod: **PFIZER COVID-19 VACCINE**

Mfr: **PFIZER**

Exp: **12/30/2021**

Lot: **FF2593** Qty: **0.3mL** NDC: **59267-1000-02**

Reminder! Return for a second dose!
Recordatorio! Regrese para la segunda dosis!

Pfizer Dose #2 Recommended
Between: 17-21 days after 1st dose
Acceptable anytime 3-5 weeks after 1st dose

Vaccine

COVID-19 vaccine
Vacuna contra el COVID-19

Other
Otra

mm / dd / yy

Bring this vaccination record to every health care provider to make sure you are not missing any doses of routinely recommended vaccines.

For more information about COVID-19

and COVID-19 vaccine, visit [cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).

You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at vaers.hhs.gov.

Lleve este registro de vacunación a cada cita médica o de vacunación. Consulte con su proveedor de atención médica para asegurarse de que no le falte ninguna dosis de las vacunas recomendadas.

Para obtener más información sobre el

COVID-19 y la vacuna contra el COVID-19, visite [espanol.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).

Puede notificar las posibles reacciones adversas

Sistema de Notificación de Reacciones Adversas

a las Vacunas (VAERS) en vaers.hhs.gov.

ML-319813

08/17/20

Lleve este registro de vacunación a cada cita médica o de vacunación. Consulte con su proveedor de atención médica para asegurarse de que no le falte ninguna dosis de las vacunas recomendadas.

Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19, visite www.cdc.gov/coronavirus/2019-ncov/index.html.

Puede notificar las posibles reacciones adversas después de la vacunación contra el COVID-19 al Sistema de Notificación de Reacciones Adversas a las Vacunas (VAERS) en vaers.hhs.gov.

Bring this vaccination record to every vaccination or medical visit. Check with your health care provider to make sure you are not missing any doses of routinely recommended vaccines.

For more information about COVID-19 and COVID-19 vaccine, visit [cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).

You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at vaers.hhs.gov.

mm / dd / yy	mm / dd / yy	Other
mm / dd / yy	mm / dd / yy	Other
Date / Fecha		Pfizer Dose #2 Recommended Between: 17-21 days after 1st dose Acceptable anytime 3-5 weeks after 1st dose

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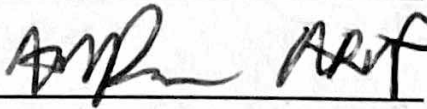
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Damon Last Name **Kyle** First Name **W** MI

05/17/1986 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	Date Vaccine Given: 3/13/2021 Pfizer COVID-19 Vaccine 0.3 mL		
2 nd Dose COVID-19	Lot# EN6208 Exp: 6/30/2021		
Other		mm / dd / yy	
Other		mm / dd / yy	