

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.



BANG
Last Name

AN
First Name

T
MI

04-24-1972
Date of birth

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Date Vaccine Given: 05/08/2021 Pfizer BioNTech mRNA Vaccine 30mcg/0.3mL/dose Lot#EW0175 Exp 08/31/2021	/ ___ / ___ 'd yy	M. VANCE, CMA RD 10:7 AM
2 nd Dose COVID-19		/ ___ / ___ dd yy	D. TROP - S.N. LD 12:54 PM
Other	Date Vaccine Given: 05/29/2021 Pfizer BioNTech mRNA Vaccine 30mcg/0.3mL/dose Lot#EW0179-H Exp 08/31/2021	/ ___ / ___ yy	
Other		/ ___ / ___ yy	