

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.



Enfield

Casey

Last Name

First Name

MI

2/27/1976

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 – BioTECH COVID-19 Vaccine	3 / 9 / 21 mm dd yy	Tacoma General Hospital
2 nd Dose COVID-19	Lot# EN6199 Pfizer- BioNTech COVID-19 Vaccine Lot# EN6208	4 / 1 / 21 mm dd yy	Tacoma General Hospital
Other		____ / ____ / ____ mm dd yy	
Other		____ / ____ / ____ mm dd yy	