

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 **THE** First Name **C** MI

10.20.1975 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	id / yy	M. VANCE, CMA (LD) 1:08 PM
2 nd Dose COVID-19	Date Vaccine Given: 05/29/2021 Pfizer BioNTech mRNA Vaccine 30mcg/0.3mL/dose Lot#EW0179-H Exp 08/31/2021	dd / yy	D. TROP-S.N (LD) 12:56 PM
Other		mm / yy	
Other		mm dd / yy	