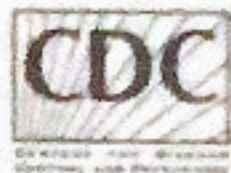


COVID-19 Vaccination Record Card

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.



Hat, Sovedan

Last Name

First Name

MI

04/11/1985

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 FC3184	10/13/21 mm dd yy	EPFM
2 nd Dose COVID-19	Pfizer FF2590	11/03/21 mm dd yy	EPFM
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	