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 Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19	Pfizer FC3184	10/13/21 mm dd yy	EPFM
2nd Dose COVID-19	Pfizer FF2590	11/03/21 mm dd yy	EPFM
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	