

# 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.

Last Name: Jorg      First Name: Colton      MI: B  
 Date of birth: 09/01/1999      Patient number (medical record or IIS record number): \_\_\_\_\_

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 <sup>st</sup> Dose COVID-19	PFIZER FD8448	08 / 24 / 21 mm dd yy	CCPHD Legacy
2 <sup>nd</sup> Dose COVID-19	Pfizer FF2588	9 / 14 / 21 mm dd yy	CCPHD Legacy
Other		___ / ___ / ___ mm dd yy	
Other		___ / ___ / ___ mm dd yy	