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.

Lee — Last Name

Nicole — First Name

MI

12/03/1981 — 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 4/25/21 Lot# ER8737 Site: OCC	__/__/__ mm dd yy	
2nd Dose COVID-19		__/__/__ mm dd yy	
Other	Pfizer 05/16/21 Lot# EW0185 Site: OCC	__/__/__ mm dd yy	
Other		__/__/__ mm dd yy	