

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 _____ First Name _____ MI _____

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	JONATHON . MONTANO DoB: 01/27/1983 Date: 06/18/2021 loc: 705-85 Prod: PFIZER COVID-19 VACCINE		
2 nd Dose COVID-19	Mfr: PFIZER Exp: 09/30/2021 Lot: EW0191 Qty: 0.3ml NDC: 59267-1000-02		
Other	JONATHON . MONTANO DoB: 01/27/1983 Date: 07/09/2021 loc: 705-858 Prod: PFIZER COVID-19 VACCINE		
Other	Mfr: PFIZER Exp: 09/30/2021 Lot: FA6780 Qty: 0.3ml NDC: 59267-1000-03		