

# 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) \_\_\_\_\_

Vz	Product Name/Manufacturer	Healthcare Professional or Clinic Site
—	Young, Ashley J	
1 <sup>st</sup>	DOB: 03/21/1988	yy AC PHD FG
CC	Pfizer COVID-19 Vaccine	
2 <sup>nd</sup>	Lot#: EN6201	yy
CC	Dose: 0.3 I Left Deltoid	
	Admin date: 02/26/2021	4/2/21 WS 9796
01	Admin: Sean Burger PARAMEDIC	
	Pfizer	
	LOT# ER8734	mm uu yy