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.

Rodriguez — Last Name

Angel — First Name

MI

8-25-01 — 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 EW0198	7 / 2 / 21 mm dd yy	Walgreens 2572
2nd Dose COVID-19	Pfizer EA6780	7 / 23 / 21 mm dd yy	Walgreens
Other R	Astrazeneca 78037	01 / 17 / 22 mm dd yy	Jisseth Perez 1000518643
Other		___ / ___ / ___ mm dd yy	