

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.

MUNDHE

CHAITANYA

Last Name

First Name

MI

05-23-1993

Date of birth

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19	Pfizer EW0167	4 / 28 / 21 mm dd yy	Walgreens
2 nd Dose COVID-19	Pfizer EW0168	5 / 18 / 21 mm dd yy	Walgreens
Other	PFIZER FK9729	2 / 2 / 22 mm dd yy	WALGREENS
Other		__ / __ / __ mm dd yy	