

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.

Baiwa Last Name Arnav First Name MI State

12/4/1997 Date of birth _____ Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date mm dd yy	Healthcare Professional or Clinic Site
1 st Dose COVID-19	<u>Pfizer</u> <u>EW0191</u>	<u>5/25/21</u> mm dd yy	<u>Walgreens</u>
2 nd Dose COVID-19	<u>Pfizer</u> <u>EW0198</u>	<u>06/29/21</u> mm dd yy	<u>Walgreens</u>
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	