

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.

CRUZ Last Name **ROMANA** First Name MI
8/12/62 Date of birth **207136070** 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 EP251310	11/12/21 mm dd yy	KPWA
2 nd Dose COVID-19	PFIZER E100173	5/12/21 mm dd yy	KPWA
Other		 / / mm dd yy	
Other		 / / mm dd yy	