

### 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 Torratba First Name Rosa MI \_\_\_\_\_

Date of birth 6/7/1998 Patient number (medical record or IIS record number) \_\_\_\_\_

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19	<u>Pfizer</u> <u>ER2613</u>	<u>03/25/21</u> mm dd yy	<u>Sac State</u>
2 <sup>nd</sup> Dose COVID-19	<u>Pfizer</u> <u>EW0153</u>	<u>4/15/21</u> mm dd yy	<u>Sac State</u>
Other		mm dd yy	
Other		mm dd yy	