

COVID-19 Vaccination Record Card

Daniel Frias
 08/14/1986,
 90022
 M

Information

Información

MI

Number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	PFIZER 30155BA	9/30/21 mm dd yy	St. John's Family Center
2 nd Dose COVID-19	PFIZER FF359U	10/20/21 mm dd yy	
Other		mm/dd/yy	
Other		mm/dd/yy	