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.

Rodriguez Leon, Samuel

Last Name First Name MI

01/03/1970

Date of birth Patient number *(medical record or IIS record number)*

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1st Dose COVID-19	Pfizer EW0182	05/24/21 mm dd yy	Kroger TLC
2nd Dose COVID-19	Pfizer EW0196	6/14/21 mm dd yy	Kroger TLC
Other		__/__/__ mm dd yy	
Other		__/__/__ mm dd yy	