# 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.

Acevedo Ton — Last Name

Sergio — First Name

MI

10/23/69 — Date of birth

Patient number *(medical record or IIS record number)*

| | | Date | Healthcare Professional or Clinic Site |
|---|---|---|---|
| | Pfizer Covid 19<br>WNM 6470 Plainfield<br>Lot ER 8734 Exp 7/31/21 | 4 / 2 / 21<br>mm dd yy | |
| 2nd Dose COVID-19 | PFIZER COVID ER8730 | 04 / 24 / 21<br>mm dd yy | 6470 Plainfield NM Walmart |
| Other | Astrazeneca 1NP0224 | 06 / 01 / 22<br>mm dd yy | AH 143 A |
| Other | | ___ / ___ / ___<br>mm dd yy | |