

COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

o favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.



Last Name: Herman First Name: Judith Barbara MI: MI
 Date of birth: 11/9/1947 Patient 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 Lot# GJ2524	9/30/2022	PAVILIONS
2 nd Dose COVID-19		mm / dd / yy	
Other		mm / dd / yy	
Other		mm / dd / yy	