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	First Name	MI
BROWN	MARIE	E

Date of birth: 12/30/47

Patient number (*medical record or IIS record number*): 5114110

Vaccine	Product Name/Manufacturer Lot Number	Date mm dd yy	Healthcare Professional or Clinic Site
1st Dose COVID-19	PFIZER EN6201	2/18/21	KPWLA.
2nd Dose COVID-19	Pfizer EN6199	3/11/21	KPWLA
Other	Pfizer 30155 BA	10/1/21	Kaiser
Other	Pfizer FK9894	4/8/22	Kaiser