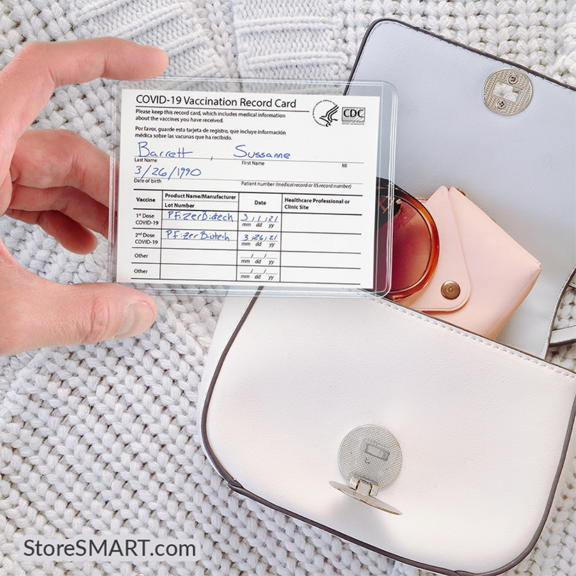

COVID-19 Vaccination Record Card

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.

Barrett , Sussanne
Last Name First Name MI

3/26/1990
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	PFizerBiotech	3 / 1 / 21 mm dd yy	
2nd Dose COVID-19	PFizerBiotech	3 / 26 / 21 mm dd yy	
Other		__/__/__ mm dd yy	
Other		__/__/__ mm dd yy	

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