
APPOINTMENT CARD
DAY
DATE
TIME
COVID-19 Vaccination Rec
Please keep this record card, which includes medic
about the vaccines you have received.
Por favor, guarde esta tarjeta de registro, que incluy
médica sobre las vacunas que ha recibido.
Barrett , S
Last Name
Firs
3/26/1990
Date of birth
Pati
Vaccine
Product Name/Manufacturer
Lot Number
1st Dose COVID-19
PFizerBiotech
2nd Dose COVID-19
PFizerBiotech
Other
Other
StoreSMART.com