

COVID-19 Vaccination Record Card

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

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

Barrett, Steve
Last Name First Name

3/26/1710
Date of birth

Below is your health insurance ID number (if you have one)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Other Site
1 st Dose COVID-19	<u>Pfizer BioTech</u>	<u>3/1/21</u> mm dd yy	
2 nd Dose COVID-19	<u>Pfizer BioTech</u>	<u>3/26/21</u> mm dd yy	
Other		<u>1/21/21</u> mm dd yy	
Other		<u>1/21/21</u> mm dd yy	

