

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: **McKenzie**, First Name: **Kenneth**

F
MI

Date of birth: **15 Oct 1957**

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
2nd Dose COVID-19	PFIZER EU3302	01/07/21 mm dd yy	WMDG
1st Dose COVID-19	PFIZER EU5730	12/12/20 mm dd yy	HN SILV
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	

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BALDOR,
Last Name

LOLITA
First Name

MI

2/25/56
Date of birth

703-447-4623
Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19	JUNSSSEN 1805025	3 / 10 / 21 mm dd yy	CVS
2 nd Dose COVID-19		___/___/___ mm dd yy	
Other	one dose	___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	

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Last Name Burnside First Name Nicole MI

Date of birth 12/2/1979 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	<u>Pfizer</u> <u>EL3302</u>	<u>1</u> / <u>11</u> / <u>2021</u> mm dd yy	<u>6 MDG</u>
2 nd Dose COVID-19	<u>Pfizer</u> <u>EL9264</u>	<u>02</u> / <u>02</u> / <u>21</u> mm dd yy	<u>COMDG</u>
Other		<u> </u> / <u> </u> / <u> </u> mm dd yy	
Other		<u> </u> / <u> </u> / <u> </u> mm dd yy	

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CONARY

JOSHUA

Last Name

First Name

MI

02/02/1981

Date of Birth

JANSSEN COVID19 VACC VIAL
205A21A

518121

Publix Pharmacy # 1506

Other		<u> </u> / <u> </u> / <u> </u> mm dd yy	
Other		<u> </u> / <u> </u> / <u> </u> mm dd yy	

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Last Name: **Espegio**, First Name: **Giovanna** MI
 Date of birth: **10 Apr 1985** Patient number (medical record or IIS record number):

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19	Pfizer PL3302	01 / 11 / 21 mm dd yy	LemDB
2 nd Dose COVID-19		___ / ___ / ___ mm dd yy	
Other		___ / ___ / ___ mm dd yy	
Other		___ / ___ / ___ mm dd yy	

Reminder! Return for a second dose! ¡Recordatorio! ¡Regrese para la segunda dosis!

Vaccine	Date / Fecha
COVID-19 vaccine Vacuna contra el COVID-19	02 / 01 / 21 mm dd yy
Other Otra	___ / ___ / ___ mm dd yy

Bring this vaccination record to every vaccination or medical visit. Check with your health care provider to make sure you are not missing any doses of routinely recommended vaccines.

For more information about COVID-19 and COVID-19 vaccine, visit [cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html).

You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at vaers.hhs.gov.

Lleve este registro de vacunación a cada cita médica o de vacunación. Consulte con su proveedor de atención médica para asegurarse de que no le falte ninguna dosis de las vacunas recomendadas.

Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19, visite [espanol.cdc.gov/coronavirus/2019-ncov/index.html](https://www.espanol.cdc.gov/coronavirus/2019-ncov/index.html).

Puede notificar las posibles reacciones adversas después de la vacunación contra el COVID-19 al Sistema de Notificación de Reacciones Adversas a las Vacunas (VAERS) en vaers.hhs.gov.

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Last Name **Espejo** First Name **Giovanna** MI

Date of birth **10 Apr 1985** 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		___/___/___ mm dd yy	
2 nd Dose COVID-19	Pfizer EL9264	02/01/21 mm dd yy	LEMIG
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	

Reminder! Return for a second dose! ¡Recordatorio! ¡Regrese para la segunda dosis!

Vaccine	Date / Fecha
COVID-19 vaccine Vacuna contra el COVID-19	___/___/___ mm dd yy
Other Otra	___/___/___ mm dd yy

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Herdel James

Last Name First Name MI

12-22-1970

Date of birth Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19	<u>PFIZER</u> <u>EL3302</u>	<u>01/07/21</u> mm dd yy	<u>WMDG</u>
2 nd Dose COVID-19	<u>PFIZER</u> <u>EL9264</u>	<u>02/01/21</u> mm dd yy	<u>WMDG</u>
Other		<u> </u> / <u> </u> / <u> </u> mm dd yy	
Other		<u> </u> / <u> </u> / <u> </u> mm dd yy	

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Granger Mikolas

Last Name

First Name

MI

19781108

Date of birth

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19	Pfizer EL330Q	1/14/21 mm dd yy	6 MD6
2 nd Dose COVID-19	Pfizer EL9264	2/4/21 Mm dd yy	6 MD6
Other		___/___/___ mm dd yy	

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Last Name: GUREE First Name: DARREN MI: E

Date of birth: 20 JAN 1982 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	<u>Pfizer</u> <u>EI 9266</u>	<u>02/12/21</u> mm dd yy	<u>GMDG</u>
2 nd Dose COVID-19	<u>Pfizer</u> <u>EN6206</u>	<u>3/5/21</u> mm dd yy	<u>GMDG</u>
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	

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Last Name: Kaman First Name: Teresa MI: W
 Date of birth: 05/19/1985 Patient number (medical record or IIS record number): 1276411043

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19	<u>pfizer osh</u> <u>E3302</u>	<u>01/11/21</u> mm dd yy	<u>GMDC</u>
2 nd Dose COVID-19	<u>pfizer osh</u> <u>E19204</u>	<u>02/04/21</u> mm dd yy	<u>GMDC</u>
Other		mm / dd / yy	
Other		mm / dd / yy	

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Luna

Last Name

Nathan

First Name

A

Mi

4/15/87

Date of birth

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19	Pfizer ER8737	4/2/21 mm dd yy	CVS 1449
2 nd Dose COVID-19	Pfizer GR8729	4/24/21 mm dd yy	CVS 1449
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	

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

Martinez
Last Name

Luis
First Name

MI

8/5/66
Date of Birth

Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date mm dd yy	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Moderna 018B21A	3/29/21 mm dd yy	NAH
2 nd Dose COVID-19	Moderna 021B21A	4/26/21 mm dd yy	WJH
Other		mm dd yy	
Other		mm dd yy	

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Last Name Morris First Name Darnell MI

Date of birth 9/11/1995 Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date mm dd yy	Healthcare Professional or Clinic Site
1 st Dose COVID-19	<u>Pfizer</u> <u>4L3302</u>	<u>1/14/21</u> mm dd yy	<u>6MD6</u>
2 nd Dose COVID-19	<u>Pfizer</u> <u>EL9264</u>	<u>2/4/21</u> mm dd yy	<u>6MD6</u>
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	

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LEONARD SARAH B
 Last Name First Name MI

20 NOV 1974
 Date of birth 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 EL3302	1/14/21 mm dd yy	6 MDG
2 nd Dose COVID-19	Pfizer EL9264	02/04/21 mm dd yy	6 MDG
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	

Reminder! Return for a second dose!
¡Recordatorio! ¡Regrese para la segunda dosis!

Vaccine	Date / Fecha
COVID-19 vaccine Vacuna contra el COVID-19	2/4/21 mm dd yy
Other Otra	___/___/___ mm dd yy

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Last Name: PACKARD First Name: Elizabeth MI: _____

Date of birth: 10/09/1980 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	<u>Pfizer</u> <u>EL3302</u>	<u>01/11/21</u> mm dd yy	<u>LEM DG</u>
2 nd Dose COVID-19	<u>PFIZER</u> <u>EL9264</u>	<u>02/01/21</u> mm dd yy	<u>6MDG</u>
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	

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Last Name: Waller MI
First Name: Daniel
Date of birth: 1990 09 23
Patient number (medical record or IIS record number): 1500348620

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Pfizer EN6206	03/12/21	6 MDG
2 nd Dose COVID-19	Pfizer EW0175	04/23/21	6 MDG
Other			
Other			

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Last Name: Santos MI
First Name: WALLAN
Date of birth: 11/25/1989
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 EL9266	01/12/21	6 MDG
2 nd Dose COVID-19	Pfizer EN6206	3/5/21	6 MDG
Other			
Other			

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Last Name: Ashley Kakra MI
First Name:
Date of birth: 06/05/1994
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 EL9266	02/02/21	6 MDG
2 nd Dose COVID-19	Pfizer EN6206	3/5/21	6 MDG
Other			
Other			

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Last Name: Jackson, James MI
First Name:
Date of birth: 8/15/1968
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 EL5302	1/11/21	6 MDG
2 nd Dose COVID-19	Pfizer EL9266	02/01/21	6 MDG
Other			
Other			

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Last Name: VALENTIN MI
First Name: LUIS
Date of birth: 27 Aug 97
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 EL9266	02/12/21	6 MDG
2 nd Dose COVID-19	Pfizer EN6206	3/5/21	6 MDG
Other			
Other			

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Last Name: Riordan First Name: Beth MI: A

Date of birth: 26 Mar 1987 Patient number (medical record or IIS record number): _____

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19	<u>Pfizer</u> <u>EL3302</u>	<u>1/11/2021</u> mm dd yy	<u>LAMOG</u>
2 nd Dose COVID-19	<u>Pfizer</u> <u>EL4264</u>	<u>02/01/2021</u> mm dd yy	<u>LAMOG</u>
Other		____/____/____ mm dd yy	
Other		____/____/____ mm dd yy	

Reminder! Return for a second dose! ¡Recordatorio! ¡Regrese para la segunda dosis!

Vaccine	Date / Fecha
COVID-19 vaccine Vacuna contra el COVID-19	<u>02/01/2021</u> mm dd yy
Other Otra	____/____/____ mm dd yy

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Gowdy Deonta J

Last Name First Name MI

08/30/1990

Date of birth 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 E19266	02/12/21 mm dd yy	GMDG
2 nd Dose COVID-19	Pfizer EN6206	03/05/21 mm dd yy	GMDG
Other		mm / dd / yy	
Other		mm / dd / yy	

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Last Name Leonard First Name Shawn MI _____

Date of birth 9/7/1972 Patient number (medical record or IIS record number) _____

Vaccine	Product Name/Manufacturer	Date	Healthcare Professional or Clinic Site
	Lot Number		
1 st Dose COVID-19	<u>Pfizer</u> <u>EL3302</u>	<u>1/11/21</u> mm dd yy	<u>LOMOG</u>
2 nd Dose COVID-19	<u>Pfizer</u> <u>EL9204</u>	<u>02/01/21</u> mm dd yy	<u>LOMOG</u>
Other		mm / dd / yy	
Other		mm / dd / yy	