

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: DALY First Name: WILLIAM MI: R

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 E18302 05/21	01/12/21 <small>mm dd yy</small>	SURFPAC
2 nd Dose COVID-19	PFIZER EN5318 05/21	02/02/21 <small>mm dd yy</small>	SURFPAC
Other		<small>mm / dd / yy</small>	
Other		<small>mm / dd / yy</small>	