

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: Ivpendahl First Name: Emily MI: D

Date of birth: 8/31/1985 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	<u>Pfizer</u> <u>EM0150</u>	<u>4/5/21</u> mm dd yy	<u>WJMC</u>
2 nd Dose COVID-19	<u>Pfizer</u> <u>EL0142</u>	<u>4/26/21</u> mm dd yy	<u>WJMC</u>
Other		mm dd yy	
Other		mm dd yy	