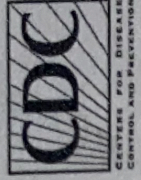


# COVID-19 Vaccination Record Card



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.

*Devlin*

*Courtney*

Last Name *Devlin* First Name *Courtney* MI

*9-27-86*

Date of birth *9-27-86* Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID	PfizerBioNTech EW0171	08/13/21	NARMC
2 <sup>nd</sup> Dose COVID-19	PfizerBioNTech FC3184	09/17/21	NARMC
Other		mm / dd / yy	
Other		mm / dd / yy	

*[Signature]*