

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.

Icalia

Vincent

F

Last Name

First Name

MI

04/16/1987

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 COVID-19 Vaccine First Dose Given On 12/17/2020 At Rush University Medical Center	m dd yy	
2 nd Dose COVID-19	Lot: EL0140 Exp: 3/31/21	nm dd yy	
Other	Pfizer COVID-19 Vaccine Dose Given On 01/07/2021 At Rush University Medical Center	m dd yy	
Other	Lot: EK9231 Exp: 4/30/21 Pfizer FF29A3	10/13/21 mm dd yy	WAG 11899

Rem
iRecord

Moderna 023H22A 11/30/23 CVS17294
bivalent M

Vaccine

COVID-19 vaccine
Vacuna contra el C

Other
Otra

Bring this vaccination or medication record to your health care provider if you are missing any doses of your 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.

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.