

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: **MCCORMICK** First Name: **ANN** MI: **PEYTON**
 Date of birth: **7/12/89** Patient number (medical record or IIS record number): **22785379**

Vaccine	Product Name/Manufacturer Lot Number	Date mm dd yy	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Pfizer EP3513U	5/21 mm dd yy	KDWLA
2 nd Dose COVID-19	Pfizer EW0173	MAY 25/2021 mm dd yy	KPWLA