

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

First Name

MI

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		___/___/___ <i>mm dd yy</i>	
2 nd Dose COVID-19		___/___/___ <i>mm dd yy</i>	
Other		___/___/___ <i>mm dd yy</i>	
Other		___/___/___ <i>mm dd yy</i>	